



Canadian
Home
Economics
Journal

Revue
canadienne
d'économie
familiale



Journal of
Research
in Home Economics
Abstracts
Book Reviews
READER'S FOR
Home Economists
Speak Out

Fall / Automne 1997
Volume 47
No. 4

CHEA Position Paper on Breastfeeding
Mothers Become Successful University Students
Houses in Communities: Putting the Home in Context
Environmental Illness: A Role for Home Economists?



CHEA Scholarships for Graduate Study

Eligibility Criteria

Applicant must be:

- Canadian Citizen or landed immigrant
- member of the Canadian Home Economics Association
- graduate (or course equivalency) in home economics, human ecology, or consumer studies. (Additional requirements are noted in individual scholarship descriptions.)
- proof of acceptance to a higher academic degree program

Individuals may apply for a maximum of 2 scholarships and are reminded to read the accompanying descriptions carefully to determine which are best matched to the applicant.

Previous CHEA scholarship winners are eligible to reapply for awards provided they continue to be enrolled in graduate study.

Unsuccessful applicants may reapply for the same or different awards in future years. Files are not kept, so a new application must be submitted each time.

Awarding of Scholarships

Applications which satisfy the eligibility criteria are evaluated on the basis of scholarship, professionalism, career plans, references, and financial need.

Applicants will be notified of the decision of the Awards Committee by April 30th. Funds are released to winners once it has been confirmed that they are registered in their respective programs. Awards will be presented at the Annual Conference of the Canadian Home Economics Association.

Application Process

Completed applications must be postmarked no later than **January 15**.

Application forms are available through the faculty offices or from CHEA

Canadian Home Economics Association
Association canadienne d'économie familiale
307-151 Slater St.
Ottawa, ON K1P 5H3
Tel: (613)238-8817 Fax: (613)238-8972

doctoral study \$3,000.*	Fiftieth Anniversary Scholarship Commemorates the 50th Anniversary of CHEA. Applicant must have been a CHEA member for at least 2 years.
graduate study \$3,000.*	Silver Jubilee Scholarship Commemorates the 25th Anniversary of CHEA.
graduate study \$3,000.*	Mary A. Clarke Memorial Scholarship Established as a tribute to Mary Clarke, a valued member of CHEA and 1952-54 president.
graduate study (foods) \$1,000.	Nestlé Canada Scholarship Selection based on previously described general criteria, and on intention of the applicant to pursue a career in the food industry. Presented by Nestlé Canada Inc.
graduate study \$1,000.	Robin Hood Multifoods Scholarship Preference is given to an individual planning a career in business, consumer service (foods), or foodservice management. Presented by Robin Hood Multifoods Inc.
Masters of Education \$5,000.	Ruth Binnie Scholarship (two awards) For a graduate in home economics or home economics education who holds a professional teaching certificate and has a high commitment to the teaching profession and home economics education. First consideration will be given to full-time students; awards to part-time students will be prorated. In addition to the general criteria for awards, consideration will be given to contribution toward home economics education in public schools, and potential to the education field. Established through the generosity of the late Ruth Binnie, Halifax, to provide quality of home economics education in Canada.

*The actual value of these scholarships may vary depending on interest and investment revenue in 1997-1998.

September 1997



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Association canadienne d'économie familiale
307 - 151 Slater Street, Ottawa, Ontario
Canada, K1P 5H3
Tel: (613) 238-8817 / 238-8819
Fax: (613) 238-8972

CHEJ Editorial Office
Home Economics Publishing Collective UPEI
Department of Home Economics
University of Prince Edward Island
Charlottetown, Prince Edward Island, Canada
C1A 4P3
Tel: (902) 566-0620 Fax (902) 628-4367
e-mail: maclellan@upeil.ca

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Cover: Retiring *Journal* production team. Clockwise from left: Laurie Brinklow, Proofreader; Alleyne Murphy, Research Editor; Henry Dunsmore, Designer; Journal Committee – Debbie MacLellan, Sheri McBride, Helen Bartlett, Nancy E. Reddin, J. Estelle Reddin. (Absent, Colette Landry-Martin)

Editor/Rédactrice en chef
J. Estelle Reddin

Committee Members/
Membres du comité rédaction
Debbie MacLellan
Sheri McBride
Nancy E. Reddin
Helen Bartlett

Advisor/Consultant
Ruth Berry

Research Editor/Rédactrice des
articles de recherches
Alleyne M. Murphy

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Representative/ Représentant de publicité
Maryse Martin

KRAFT CANADA INC. UNDERGRADUATE SCHOLARSHIP (\$1,500)

ELIGIBILITY:

Applicant must be:

- Canadian citizen or landed immigrant
- Third or fourth year student (97-98) enrolled in a home economics / consumer / foods related program at a university offering a home economics perspective, approved by the Canadian Home Economics Association.

AWARDING OF SCHOLARSHIPS:

Applicants who satisfy the award criteria are evaluated on the basis of their involvement, interest in foods and nutrition, leadership, volunteer activities, scholarship, and their potential contribution to the profession of home economics.

APPLICATION PROCESS:

Completed applications must be postmarked no later than **31 March**. Applicants will be notified of the Awards Committee decision by May 15. Presentation will be made at the Annual Conference of the Canadian Home Economics Association.

Application forms are available through faculty offices, or from CHEA.

September 1997

UNE BOURSE D'ÉTUDES DE PREMIER CYCLE - KRAFT CANADA INC. (1 500 \$)

ADMISSIBILITÉ:

- Être citoyen canadien ou résident permanent
- Être inscrit en troisième année d'un programme de premier cycle relatif à l'économie familiale, à la nutrition ou à la consommation, dans une université offrant une perspective de l'économie familiale approuvée par l'Association canadienne d'économie familiale.

ATTRIBUTION DES BOURSES:

Toutes les candidats qui satisfont aux critères de la bourse seront évalués en fonction, de leur engagement, de leur intérêt à l'égard de l'alimentation et de la nutrition, de leur leadership, de leurs activités de bénévolat, des bourses déjà reçues et de leur contribution potentielle à la profession d'économiste familiale.

SOUSSION DES CANDIDATURES:

Toutes les demandes dûment remplies doivent parvenir à l'ACd'EF au plus tard le 31 mars, le cachet de la poste faisant foi. Les candidats seront informés de la décision du Comité des prix et bourses au plus tard le 15 mai. Les bourses seront remises lors du congrès annuel de l'Association canadienne d'économie familiale.

On peut se procurer des formules de demande dans les facultés ou à l'ACd'EF.



Canadian Home Economics Association
Association canadienne d'économie familiale
307-151, rue Slater St., Ottawa ON K1P 5H3

Tel: (613) 238-8817 Fax: (613) 238-8972 E-mail: cheagen@web.net



The Association: The Canadian Home Economics Association is the national professional organization for those educated in the field of home economics, human ecology, family studies, consumer studies, or foods and nutrition. The mission of the association is to actively promote improved quality of life for individuals and families in Canada and the developing world and to strengthen the home economics profession.

Subscription, membership fees, and change of address should be mailed to the CHEA National Office, 307-151 Slater Street, Ottawa, Ontario K1P 5H3.

Subscriptions are available to libraries and institutions at the rate of \$60 per year (\$65 U.S.; \$69 Foreign) and to individuals not eligible for membership at the rate of \$35 (\$40 U.S.; \$44 Foreign).

Classified Ads should be sent directly to the Business Manager. The rate is 95 cents per word or figure (\$30 minimum). Rates for classified display ads are available on request.

Contents are indexed in the *Canadian Periodical Index* and selectively indexed in *Public Affairs Information Service*, *Canadian Education Index*, *Nutrition Abstracts and Reviews*, *Inventory of Marriage and Family Literature*, *Bibliographic Index of Health Education Periodicals*, *Current Index to Journals in Education*, and *World Textile Abstracts*. Microfilm and photocopies are available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106, U.S.A.

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L'Association canadienne d'économie familiale est un organisme professionnel national regroupant les personnes diplômées en économie familiale, en écologie humaine, en études de la famille, en consommation, en alimentation, ou en nutrition. La mission de l'Association canadienne d'économie familiale consiste à promouvoir l'amélioration de la qualité de vie des personnes et des familles au Canada et dans le pays en développement et à soutenir la profession de l'économie familiale.

Le règlement des abonnements et des cotisations et les changements d'adresse doivent être envoyés au Bureau national de l'ACd'EF, 901-151, rue Slater, Ottawa, ON, K1P 5H3, Canada.

L'abonnement annuel aux bibliothèques et aux institutions est 60\$ (65\$, États-Unis; 69\$, autres pays étrangers). Aux individus qui ne peuvent devenir membres de l'association, l'abonnement annuel est 35\$ (40\$, États-Unis; 44\$, autres pays étrangers).

Le matériel publicitaire doit être envoyé directement à l'administratrice. Tarif des petites annonces: 95 cents le mot ou le chiffre (minimum de 30\$); annonces en vedette: tarif sur demande.

Nos articles sont répertoriés dans *l'Index des périodiques canadiens*, et sélectivement, dans *Public Affairs Information Service*, le *Repertoire canadien sur l'éducation*, *Nutrition Abstracts and Reviews*, *Inventory of Marriage and Family Literature*, *Bibliographic Index of Health Education Periodicals*, *Current Index to Journals in Education*, et *World Textile Abstracts*. Pour en obtenir des copies dactylographiées ou sur microfilm, s'adresser à University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106, U.S.A.

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President's Message

Mot de la présidente

This has been a year of mixed messages. I titled my annual report "Change — But Don't Change That!" In response to a request from the annual meeting, I am sending this version of my report, with new additions, as a President's Message to our *Journal* readers.

As home economists we are very open to change — in fact, as change agents, we actively promote it. We work every day in our professional and personal lives with family and clients to promote change in ways deemed beneficial. We are open to change in our professional association as well. We do not, however, necessarily agree on the direction. Given our geographical, professional, and personal diversity, I see this as an indication that we are a healthy and dynamic organization of professionals dedicated to our mission. I trust that in our relationships with family and clients we bring to change a willingness to compromise. In all healthy negotiations, we work towards a win/win situation. I believe that over the past few years we have now established a win/win compromise in our association.

So, what compromise, you ask? First, for me, was the decision to commit to a five-year lease in Ottawa within the same building but at a reduced rent. We cannot easily nor quickly change the location of the office from the Ottawa area, and the majority of the Board preferred this location. The next compromises and changes concerned staffing. First we kept our executive director part-time, then not at all. While these decisions kept us within budget, neither was acceptable to the membership.

As a Board, I believe that we examined all options to keep our costs within established budgetary restraints. Money becomes a focal point of discussion. We do have to operate within guidelines. These have been established by a financial committee headed by Linda West (Alberta) and approved by the Board and the membership. All operating costs must be funded from membership fees. We do not dip into our contingency fund for day-to-day costs of running the association. Given that the members whom we heard from were adamant that we need an executive director, and that we need one full-time, we had no alternative but to ask for a fee increase. I believe that with this increase we can now work to meet member needs, we can address new issues, and we can look toward the generation of additional funding, e.g., through grant applications.

So, what changes have been made?

- The CHEA portion of membership fees will increase next year to meet costs
- We now have a web-site. This not only has the potential to serve member needs. It serves us in an information and advertising capacity and provides a service to the larger community. Our address is <http://www.chea.ca> and our web-site can be accessed anywhere in the world. While not everyone has access, it is a very useful medium of communication. Please send us suggestions as to how it can best serve you, and send contributions to us for inclusion.
- Susan Turnbull Caton takes over as Editor of the *Journal*.

Cette année a été une année de messages mixtes. Mon rapport annuel avait pour titre : «Changeons — mais ne changeons pas cela!» En réponse à une demande à la réunion annuelle, j'envoie cette version de mon rapport avec quelques ajouts, pour le «Mot de la Présidente» pour les lecteurs de la Revue.

Comme économistes familiales, nous sommes très ouvertes au changement — en fait, en tant qu'agents de changement, nous en faisons la promotion active. Tous les jours, dans notre vie professionnelle et personnelle, avec notre famille et nos clients, nous travaillons pour apporter des changements que nous jugeons bénéfiques. Nous sommes ouvertes au changement dans notre association professionnelle aussi. Nous ne sommes pas toujours d'accord, cependant avec la direction à prendre. Étant donné la diversité qui existe entre nous au plan géographique, professionnel et personnel, je vois ces différences d'opinions comme un signe que nous sommes une organisation dynamique et en santé, formée de professionnelles dévouées à notre mission. J'ai bon espoir que, dans nos relations avec notre famille et nos clients, quand il y a des changements à faire, nous sommes prêtes à faire des compromis. Dans toute saine négociation, nous visons une solution où chacun y gagne. Je crois, qu'au cours des dernières années, nous avons établi de tels compromis dans notre association.

De quels compromis parlons-nous? D'abord, pour moi, il y a eu la décision de nous engager à un bail de cinq ans à Ottawa, dans le même édifice mais avec une réduction dans le prix du loyer. Nous ne pouvons pas changer aisément ni rapidement l'emplacement de notre bureau et sortir de la région d'Ottawa; et la majorité des membres du Conseil préférerait cet endroit. D'autres compromis et changements concernent le personnel. D'abord, nous avons maintenu le poste de directrice générale à temps partiel, puis nous avons dû l'éliminer. Bien que ces décisions nous aient permis de respecter notre budget, ni l'une ni l'autre n'était acceptable aux membres.

Comme Conseil, je crois que nous avons examiné toutes les options pour que les coûts ne dépassent pas les limites des restraints budgétaires établies. L'argent devient un point central de discussion. Nous devons fonctionner selon des lignes directrices. Celles-ci ont été établies par un comité financier dirigé par Linda West (Alberta) et elles ont été approuvées par le Conseil et les membres. Tous les coûts de fonctionnement doivent être financés par les cotisations de membres. Nous n'allons pas puiser dans notre fonds de prévoyance pour payer les frais quotidiens de fonctionnement de l'association. Étant donné que les membres qui nous ont contacté ont insisté sur le fait que nous avons besoin d'une directrice générale et que nous en avons besoin à temps plein, nous n'avons pas eu d'autre choix que d'augmenter le montant des cotisations. Je crois qu'avec cette augmentation, nous pouvons travailler à répondre aux besoins des membres, nous pencher sur de nouvelles questions et penser à trouver du financement additionnel, par exemple par des demandes de subventions.

Our journal continues to be a cornerstone of communication within the profession and serves a major link between us and the larger community. This link is vital to the maintenance of home economics in our academic units, serving as a concrete reminder that we are a professional organization of some stature. It also serves as an educational tool for professionals working in related fields. We thank Estelle Reddin, retiring Editor, and her committee for many years of excellent service, and I want to echo some of her concerns. We cannot publish what you do not submit. We cannot add sections of interest if you do not tell us what they are. It is your professional journal — make it work for you. Remember, the *Journal* Editor working on our collective behalf also must compromise to provide something for all of us and the wider community which the *Journal* also serves.

- Marion Dodds is our new Vice-President International Development. This position change, like the editorship, comes on stream in the middle of the current executive's term. We thank Margaret Routledge, outgoing vice-president, for her service in this capacity. This executive has relied very heavily on her previous experience as we set out to meet the demands of the Association during this time of complete staffing changes at the National Office.
- On behalf of all of the members, I would like to acknowledge the contributions of our former staff members: Ellen Boynton, Executive Director; Maryse Martin, Administrative Co-ordinator; Nicole Peltier, ID Program Manager; Pat Ulrich, Development Education Program Officer; and Jean Boyd, ID Administrative Assistant. We wish you all well in your new endeavours.
- We are merging many of the duties from the job descriptions of Executive Director and Administrative Co-ordinator into one full-time position and will be contracting out some of the remaining duties, including the management of our membership data base.
- Another change for the National Office was the appointment of Rex Fyles as ID Program Manager. He has a background in political science, speaks English, French, and Portuguese, and brings a solid understanding of development issues through his training and previous experience. Diane Giroux is the new Administrative Assistant for the ID program. She is bilingual and has had fourteen years of experience as an office manager.

I, too, have had to compromise, but I am comfortable with the changes that have taken place in our association over the past few years. Compromise and change will continue to be with us as we move forward. Many issues remain to be addressed; for example, are we going to downsize the Board and, if so, how? Do we continue to hold a conference every year and, if so, how do we assure that costs are covered out of conference fees? In Victoria, we had an outstanding professional conference. We extend our congratulations to the organizers. Unfortunately, registration was below what was expected, and the conference ran a deficit. Hopefully this will not occur in London in 1998 where the conference is scheduled for July 5th to 8th. Please put these dates on your calendar and plan to attend.

Your CHEA Executive and Board work very diligently on your behalf. Our meetings are very lively. We continue to need your feedback, so please be in touch. I believe we are in a win/win situation. I look forward to the year ahead.

Beverly J. Pain, President

Quels sont les changements que nous avons faits?

- Les frais d'adhésion de l'ACd'EF augmenteront l'année prochaine pour faire face aux coûts de prestations de services aux membres.
- Nous avons maintenant un site web. Ceci n'a pas seulement le potentiel de répondre aux besoins des membres ; nous pouvons également nous en servir à des fins d'information et de publicité et pour fournir des services à une plus grande communauté. Notre adresse est au <http://www.chca.ca> et on peut avoir accès à notre site partout au monde. Même si ce n'est pas tout le monde qui a accès à Internet, c'est un médium de communication très utile. Donnez-nous vos suggestions sur comment cela peut vous être le plus utile et envoyez-nous des textes ou autres à y inclure.
- Susan Turnbull Caton devient la rédactrice de la *Revue*. Notre revue demeure la pierre angulaire de communication pour notre profession et elle sert de lien des plus importants entre nous et la communauté en général. Ce lien, témoignage concret que nous sommes une organisation professionnelle d'importance, est essentiel pour aider à garder l'économie familiale dans nos écoles et universités. La revue sert aussi d'outil éducatif pour les professionnels qui oeuvrent dans des domaines connexes. Nous remercions Estelle Reddin, la rédactrice sortante et son comité pour les nombreuses années d'excellent service. Je voudrais ici répéter quelques-unes de ses préoccupations. Nous ne pouvons pas publier ce que vous ne nous soumettez pas. Nous ne pouvons pas ajouter de nouvelles sections qui vous intéressent si vous ne nous dites pas ce qu'elles sont. C'est votre revue professionnelle — faites en sorte qu'elle vous soit utile. Souvenez-vous que la rédactrice de la *Revue* qui travaille pour nous tous doit aussi faire des compromis pour donner quelque chose à chacune d'entre nous et à la communauté en général qui est aussi desservie par la *Revue*.
- Marion Dodds est notre nouvelle vice-présidente-développement international. Le changement à ce poste ainsi qu'à celui de rédactrice se fait au milieu du présent mandat du Bureau de direction. Nous remercions Margaret Routledge, vice-présidente sortante pour ses services à ce poste. Le Bureau de direction s'est beaucoup fié à son expérience passée quand il s'est agi de répondre aux besoins de l'Association pendant la période de grands changements du personnel du Bureau national.
- Au nom de tous les membres, j'aimerais remercier les anciens membres du personnel pour leur travail : Ellen Boynton, directrice générale; Maryse Martin, coordonnatrice administrative; Nicole Peltier, gestionnaire du programme DI ; Pat Ulrich, agente du Programme de développement en éducation; Jean Boyd, adjointe administrative DI. Nous leur souhaitons toutes bon succès dans leurs nouveaux projets.
- Nous combinons plusieurs des tâches des descriptions de poste de la directrice générale et de la coordonnatrice administrative en un seul poste à temps plein ; les autres tâches iront en sous-traitance, y compris la gestion de la base de données de nos membres.
- Un autre changement à notre Bureau national est la nomination de Rex Fyles au poste de gestionnaire du Programme DI. Il a de l'acquis en science politique, parle l'anglais, le français et le portugais et il apporte une solide compréhension des enjeux en développement, grâce à sa formation et à son expérience. Diane Giroux est la nouvelle adjointe administrative pour le programme DI. Elle est bilingue et a quatorze ans d'expérience en gestion de bureau.

Moi aussi, j'ai dû faire des compromis, mais je suis satisfaite des changements qui ont eu lieu au sein de notre association au cours des dernières années. Le changement et les compromis continueront à nous accompagner dans nos démarches futures. Plusieurs questions doivent encore être résolues. Par exemple, allons-nous réduire le nombre de membres au Conseil ; si oui, comment ? Est-ce que nous continuons à organiser un congrès à chaque année et si oui, comment allons-nous nous assurer que les frais d'inscription en défraieront les coûts ? À Victoria, nous avons eu un congrès professionnel exceptionnel. Nous en félicitons les organisateurs. Malheureusement, le nombre d'inscriptions

était plus bas que prévu et il y a eu un déficit pour le congrès. Il est à espérer que cela n'arrivera pas en 1998 à London où il est prévu que le congrès aura lieu, du 5 au 8 juillet. On vous prie de noter ces dates sur votre calendrier et on vous encourage à y assister.

Votre Bureau de direction et votre Conseil de l'ACd'EF travaille très fort pour vous. Nos réunions sont toujours très animées. Nous continuons à avoir besoin de connaître votre point de vue, alors communiquez avec nous. Je crois que nous sommes dans une situation où chacun gagne. J'anticipe avec plaisir l'année à venir.

Beverly J. Pain, Présidente

Reader Forum

Archives Information for CHE Journal

The CHEA Archives are preserved at the National Archives of Canada in Ottawa with 48 volumes permanently described. Diana Smith presented the material in 1982. Much of the work of organizing the materials was conscientiously executed by Past President and Honour Award Winner Gertrude Gerlach.

Researchers in women's and social history are particularly interested in CHEA archives. Topics include official minutes, annual and financial reports, board member files, journal, membership, scholarship, conference, and other committee materials; and non-paper archives. Photographs and newspapers, stored in a special section of the Archives, are referenced in CHEA files.

Further materials given in 1984, '86, '87, '91, '96 have yet to be processed to the permanent stage. Nowadays, due to fewer staff, National Archives is no longer able to do the preliminary organization of the papers. CHEA volunteers are required to work under the supervision of an Archivist at the National Archives. Each file is kept intact as the volunteer removes duplicates, paperclips and metal fasteners, ensures the file title and date matches the contents, and arranges the files in topic and chronological order. It is advantageous for the volunteer to have a good grasp of CHEA history and activities.

In preparing material to submit for the Archives, these points should be kept in mind:

- Duplicates entail much paperwork, for the donor must choose to accept them back or have them destroyed.
- Metal fasteners cut or destroy the paper they hold with rust and take up space. It is important to save every centimetre possible as each millimetre costs dollars.
- Newspaper eats into the bond paper next to it so must be stored separately.
- Photocopies of newspaper articles, including the name of the newspaper and date of publication, save time, space, and effort.

Files of office holders, committee members, and office staff are gathered at CHEA national office. Files should be no more than 1/2 inch thick for easy handling by researchers. Earliest to latest dates should be included with the file title. The office staff prepares the files for donation to the Archives under the guidance of Wilma MacDonald, Social and Cultural Archivist, Manuscript Division, National Archives. Maryse Martin did an excellent job of preparing the latest donations for the Archives. At the Archives, the files are processed as described above. The materials are placed

Forum des lecteurs

Renseignements sur les Archives pour la Revue Cd'EF

Les archives de l'ACd'EF sont conservées aux Archives nationales du Canada à Ottawa. Nous avons quarante-huit volumes qui sont organisés de façon permanente. Diana Smith a remis ce matériel en 1982. Une grande partie du travail d'organisation du matériel a été effectué par l'ancienne présidente et récipiendaire de l'ACd'EF Prix d'Honneur, Gertrude Gerlach. Les archives de l'ACd'EF intéressent tout particulièrement les personnes qui font de la recherche sur l'histoire sociale et sur l'histoire des femmes. On y retrouve des documents tels que les procès-verbaux, les rapports annuels et financiers, les dossiers des membres du Conseil d'administration, les numéros de la *Revue*, du matériel des comités, et des pièces archivistiques qui ne sont pas sur papier. Les photographies et les journaux, entreposés dans une section spéciale des Archives, ont une référence dans les dossiers de l'ACd'EF.

Du matériel supplémentaire, donné en 1984, '86, '87, '91 et '96, doit encore être traité pour l'amener à l'étape de permanence. De nos jours, à cause d'une réduction du personnel, les Archives nationales ne peuvent plus s'occuper de l'organisation préliminaire des documents. On a besoin de bénévoles de l'ACd'EF pour travailler sous la supervision d'une archiviste. Chaque dossier est gardé intact pendant que les bénévoles enlèvent les duplicata, les trombones et autres attaches de métal, s'assurent que la date et le titre d'un dossier correspondent à son contenu et organisent les dossiers par sujet et en ordre chronologique. C'est un avantage si la personne bénévole a une bonne connaissance de l'histoire et des activités de l'ACd'EF.

Si on prépare du matériel pour le remettre aux Archives, il est bon de se rappeler les points suivants :

- Les duplicata occasionnent beaucoup de travail écrit supplémentaire puisque le donneur doit accepter de les reprendre ou qu'on les fasse détruire.
- Les attaches en métal endommagent les feuilles de papier qu'elles tiennent ensemble, en les coupant ou en les faisant rouiller et prennent de la place. Il est important de récupérer chaque centimètre possible.
- Le papier journal ronge le papier de luxe qui est placé près de lui, donc il doit être rangé séparément.
- Des photocopies d'articles de journaux, avec le nom du journal et la date de publication, font économiser temps, argent et énergie.

Les dossiers des titulaires, des membres de comités et du personnel sont rassemblés au bureau national de l'ACd'EF. Les dossiers ne devraient pas dépasser un demi-pouce

in acid-free folders and final descriptions written. The folders are placed in boxes ("volumes") and numbered. The files are then ready for the public to view at the National Archives. Some files of a personal nature, e.g., scholarship applications, require restricted access.

This little summary of activities to prepare CHEA archives for permanent description takes little space but doing the job takes a long time. A much shorter time is needed if the files are in good order. Please organize your files in light of the information given. Thanks.

*Joanne Mackie
2 Ostrander Blvd.,
Georgetown, Ontario L7G 1Z3
(905)877-5815*

New Executive Director

The very recently appointed new Executive Director for CHEA is Crystal Dawley Tait who comes from the University of Alberta where she managed the Textile Analysis Service in the Department of Human Ecology. She holds a BSc (HEc) and MSc (CLTX) from the university of Alberta. Crystal states that she looks forward to working with the members of CHEA in addressing the challenges facing Home Economics as we approach the next millenium.

d'épaisseur, ceci pour qu'ils soient plus faciles à manier. On devrait inclure les dates extrêmes du dossier avec le titre. Le personnel du bureau prépare les dossiers destinés aux Archives sous la direction de Wilma MacDonald, Archiviste sociale et culturelle, à la Division des Manuscrits. Maryse Martin a fait un excellent travail de préparation des plus récents documents du bureau de l'ACd'EF. Aux Archives, on s'occupe des dossiers tel qu'expliqué plus haut. On place ensuite le matériel dans des chemises de classement sans acide et on rédige les descriptions finales. On place ces dossiers dans des boîtes («volumes») et on les numérote. Les dossiers sont alors prêts à être consultés par le public. Certains dossiers contiennent des renseignements personnels (ex. demandes de bourses) et ils sont sous réserve de consultation.

Ce bref résumé des activités pour préparer les archives de l'ACd'EF pour le catalogage permanent prend peu d'espace, mais le travail exigé prend beaucoup de temps. Cela en prend beaucoup moins quand le matériel est en bon ordre. Veuillez donc organiser vos dossiers en fonction de l'information présentée. Merci.

*Joanne Mackie
2 Ostrander Blvd.,
Georgetown, Ontario L7G 1Z3
(905)877-5815*

FEDERATED WOMEN'S INSTITUTES OF ONTARIO INTERNATIONAL SCHOLARSHIP (\$2,500)

ELIGIBILITY

Applicant must be:

- an international student from a CIDA-eligible country
- studying at an Ontario university
- planning to return to their home country to work in development of human potential
- either a graduate or undergraduate student

AWARDING OF SCHOLARSHIP

Applications which satisfy the award criteria will be evaluated on excellence in scholastic achievement, leadership, and professional potential.

APPLICATION PROCESS

Completed applications must be postmarked no later than **JANUARY 15**. Applicants will be notified of the decision of the Awards Committee by April 30.



Canadian Home Economics Association
Association canadienne d'économie familiale
307-151, rue Slater St., Ottawa ON K1P 5H3
Tel: (613) 238-8817 Fax: (613) 238-8972 E-mail: cheagen@web.net



BOURSE INTERNATIONALE DU FEDERATED WOMEN'S INSTITUTES OF ONTARIO (2 500\$)

CRITÈRES D'ADMISSIBILITÉ

La candidate ou le candidat doit

- être une étudiante étrangère ou un étudiant étranger d'un pays admissible de l'ACDI
- être inscrite ou inscrit dans une université de l'Ontario
- prévoir retourner dans son pays d'origine et travailler dans un domaine qui développe le potentiel humain
- faire des études supérieures ou des études de premier cycle

ATTRIBUTION DE LA BOURSE

Les candidatures qui satisfont aux critères seront évaluées en fonction de l'excellence du rendement scolaire, du leadership, et du potentiel professionnel de la personne.

MODALITÉS

Toutes les personnes intéressées doivent envoyer leur candidature au plus tard le **15 janvier**, le cachet de la poste faisant foi. Elles seront informées de la décision du comité des prix et bourses avant le 30 avril.

Houses in Communities: Putting the Home in Context

John W. Auld

Inherent in the idea of "home" is the concept of comfort, comfort being broadly defined as how the residential environment satisfies the physical, social, and psychic needs of humans (Slater, 1985). This concept of home has a long history and has evolved in contemporary western societies over several hundred years (Rybczynski, 1986). In the last twenty years, social, political, and economic factors have and may, in the future, put pressure on housing and human settlements resulting in significant changes to a number of factors that define the meaning of home and human comfort. These factors constitute both societal forces and the responses of households and will have consequences for the future of housing and community development and redevelopment. An awareness of the nature and inevitability of change may provide some insight into what housing and communities might become and subsequently provide some guidance in terms of the development of the built environment and the role of educators (e.g., home economists) and policy makers.

The end of World War II marked the beginning of a period of prosperity in North America. For almost the next thirty years, human settlements and housing developed in an environment characterized by industrialization, urbanization, and rapid growth. The vastness of the material riches seemed endless; the very positive role of government and a dynamic and responsive housing industry placed North Americans in the enviable position of being the best housed people in the world, at least based on material standards. Home ownership was the goal of public policy, and a single detached unit in the growing suburbs was the end to be achieved.

Although there were glitches in the process, not until the late 1970s did it

become apparent that the existent approach in a changing economic and social context was in need of more than just fine-tuning: household structure and attitudes were changing, employment opportunities and the nature of work were changing, the effectiveness of governments to respond was hampered by indebtedness, and a growing concern about the environment, both natural and built, was developing in public consciousness. The future, it appeared, was not going to be more of the past.

The Evolving Concept of Home The Suburban Dream Home

The immediate postwar period had placed tremendous emphasis and optimism on technology and the development of the modern "dream house" in

the suburbs. It first appeared that the challenges would be dealt with by cheap energy, a plentiful supply of land, and the private automobile combining to manifest the dream house in the suburbs. However, suburban dream houses got out of control economically, environmentally, and socially because they carried unacknowledged costs. "They consumed large amounts of energy, they demanded a great deal of unpaid female labour, and they were unavailable to minorities" (Hayden, 1989, p. 65).

The consumption of large amounts of energy had negative consequences for the quality of the environment and the quality of life. Commuting, primarily based on the use of the private automobile, created huge social and economic costs in the form of time required and congestion, and problems

Résumé

Housing has long been understood as making a significant contribution to human comfort and well-being. When housing positively articulates with human needs, be they social, economic, or psychological, houses become homes, and as such are a reification of the quality of life idealized by their inhabitants. To continue to make a positive contribution to human well-being and comfort, houses must adapt. "Forces" as disparate as the globalization of economies and its influence on employment or new constructs of the family in a more pluralistic society change how professionals (for example, home economists, policy makers, and others) must think about housing if the physical artifact is to be congruent with human needs and aspirations.

Abstract

On considère depuis longtemps que le logement contribue de façon importante au confort et au bien-être humains. Lorsque le logement concorde bien avec les besoins humains de nature sociale, économique ou psychologique, les maisons deviennent des foyers et en tant que tel deviennent une représentation concrète de la qualité de vie idéale de leurs habitants. Pour continuer à faire une contribution positive au bien-être et au confort humains, les maisons doivent s'adapter. Des «forces» aussi disparates que la mondialisation des économies et l'influence de cette tendance sur l'emploi ainsi que de nouvelles compositions familiales dans une société pluraliste changent la façon dont les professionnels (économistes familiales, décideurs, etc.) doivent penser au logement si on veut que cet artefact physique soit congruent avec les aspirations et les besoins humains.

Note

An earlier version of this paper was presented at the Canadian Association for Research in Home Economics Annual Meeting at Memorial University, St. John's, Newfoundland, June 1997.

The Author

John Auld is an Associate Professor of Housing and Real Estate Management in the College of Family and Consumer Studies at the University of Guelph.

of health and safety. As well, the infrastructure needed for private auto transportation and suburban housing required significant public subsidy while the housing units themselves were a "fantasy way of life made out of oil" (Thompson, 1978, p. 76).

The suburban lifestyle was very much based on the unpaid labour of women. This subsidy, estimated to be "an uncounted additional average of some 30% to GNP," was largely unrecognized (Henderson, 1991, p. 11). Later, as women entered the "formal monetarized sector," they found themselves with two jobs — one at home and one at work. Those who stayed at home also had serious difficulties, including "isolation, and the lowering of individual status" (Hayden, 1989, p. 66, 67). The inability of low-income households to participate in suburban home ownership meant that the benefits accruing from home ownership (for example, retirement income and access to credit and locational advantages) were not available to them (Seelig & Seelig, 1995, p. 198).

The suburbs were in part an escape from the failed ideal city. Suburbia provided a place to put housing but there was little "sense of place," or perhaps more aptly put by Gertrude Stein in her comment about suburbia, "there is no there there" (Carver, 1978, p. 44). Perhaps the suburban dream house can be more aptly described pursuant to Le Corbusier's definition: "the house is a machine for living in." To that end it may be that the modern suburban house has been a success, but it has not created a sense of place or community support for many.

More recently, Kuntsler in *Home From Nowhere* has echoed Hayden's sentiments. He sees the suburbs of the United States as places of fantasy rather than something organic or real (1996). They, he argues, reflect isolation from the problems of other people and an antisocial view of human existence. These observations, of course, raise problems of causality. Has this isolation developed because, for example, the public sphere has become more dangerous — or have the suburbs themselves caused the isolation of households? "As the streets become more meaningless or dangerous...so withdrawal into the home becomes more attractive for many households" (Saunders & Williams, 1988, p.89). Carver pointed out over twenty years ago that "it is confusing and paradoxical that noble motives (dream homes in

suburbia) often seem to produce unexpectedly horrible results" (1978, p. 40).

Historical Development of the Meaning of Home

As the literature concerning the meaning of home has developed, it has become apparent in differing approaches that the meaning attached to home "reflects specific sets of historical and social circumstances and is multi-dimensional" (Dupuis & Thorns, 1996, p. 48). Neale points out that the expression "home" implies more than just any kind of shelter. "It is associated with material conditions and standards, privacy, space, control, personal warmth, comfort, stability, safety, security, choice, self-expression, and physical and emotional well-being" (1997, p. 54). Rybczynski, in his historical analysis of home, connects the meaning of home with human comfort. This meaning, according to Rybczynski, has been evolving for centuries in the west and does not necessarily involve the replacement of the old with the new. "The evolution of comfort (home) should not be confused with the evolution of technology. New technical devices usually — not always — render old ones obsolete...but new ideas about how to

achieve comfort did not displace fundamental notions of well-being" (Rybczynski, 1986, p. 231). Each new meaning — such as intimacy, privacy, domesticity, ease — added a layer to previous meanings that were preserved beneath. Figure 1 attempts to illustrate Rybczynski's "onion simile" of comfort, noting these transparent layers evolving through time.

While the house is a physical artifact, the idea of home is a cultural one. Both embody characteristics of comfort but they differ in that "home" includes transcendent or intangible qualities (as well as physical ones) that are "dynamic, complex, and contingent on the context in which they are formed" (Dupuis & Thorns, 1996, p. 485).

The failure of the American dream house in the suburbs was not because they were too much like Le Corbusier's "machines for living in." In fact, domestic technology and home management have long eclipsed simplistic architectural ideas of "machine-style" homes and articulated sophisticated and flexible approaches to domestic scientific management. Domesticity and efficiency, as characteristics of home/comfort, were, however, largely feminine and were based on home management being full-time and gender-based.

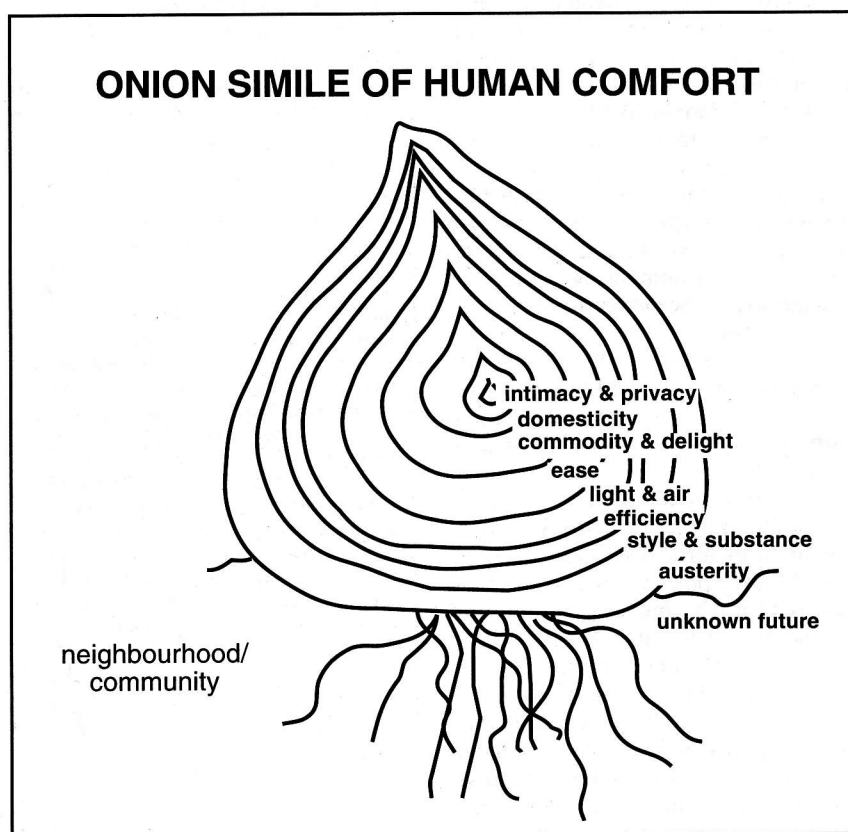


Figure 1. Based on Rybczynski, W. (1986) *Home: A Short History of an Idea*

Social, Economic, and Technological Changes

Changing Concepts of Work

For the most part, industrialization in the past meant that formal monetarized employment necessitated leaving one's residence to go out to work. By men leaving the residential environment behind, the home became defined by function (as it is being redefined today). It became for men primarily a place to be *after* work: the place to *leave* to perform the economic role in one's life. Residential activity became domestic work, predominantly gender-specific, unpaid, out of the mainstream of dominant economic activity. This evolution was damaging to both men and women and to society, not necessarily because it limited choice for nearly half the population to participate in the external economy, but because it made that division on a gender basis. This not only changed how *homes* were defined, but how *individuals* were defined.

Going back in western history to 17th century in Holland, Rybczynski describes the house "as ceasing to be a place of work, as an achievement of bourgeois age. The world of male public work and the male social life moved away from the residence, and the house became a place for specialized domestic work (private) women's work" (1986, p. 70-71). Dutch women in those days had the whole care and absolute management of their home. It was becoming a feminine place, or at least a place under feminine control. This control was "tangible and real, and resulted in cleanliness, enforced rules, but it also introduced something to the house which had not existed before: domesticity." Rybczynski goes on to define domesticity: "it had to do with family, intimacy, and devotion to the home, as well as with the sense of the house as embodied not only harbouring these sentiments" (1986, p. 75).

Daly points out that the process of the male leaving the house to work dates back from the rise of industrial capitalism in the 19th century, and that consequently household activities were organized and structured around his work (1996, p. 8). North American suburbs and housing have been predominantly constructed around this traditional model of the family: wage-earner father, homemaker mother, and children.

The cessation of the house as the place of paid work, be it bourgeois 17th-century Holland or industrial capi-

talist 19th-century Europe and America, significantly influenced the house as a place of domesticity. Further, growth and prosperity, urban industrialization and the declining quality of life in the city, and cheap transport technology and land spawned the suburbs as places for families and homes. Domesticity did not disappear. Rather, it was redefined. While the process of redefinition within the domestic sphere sees men increasing their commitment to domestic tasks of housework and child care, women still continue to do the majority of work (Daly, 1996, p. 179). In the latter part of the 20th century, once again the changing nature of work, household composition, and technology are creating new demands, to which housing and households will be required to respond, in the *evolution* of human comfort. However, this is not to suggest economic determinism. As Rybczynski points out, there is nothing fore-ordained or inevitable about the changes that have occurred or will occur. "...if 17th century Holland had been less egalitarian, and its women less independent, domesticity would have arrived later than it did" (1986, p. 231). So too, social, economic, and technological factors are influencing and, in the future, will influence the quality of life (comfort) in human settlements; and so too will the values society holds regarding gender, equality, and community.

Changing Family Forms and Function

Although young families today remain strongly attached to single detached units located in the suburbs, a recent Canada Mortgage and Housing Corporation (CMHC) study found that many young families were willing to accept communities that combined higher-density housing with a variety of family-oriented services and amenities (CMHC, NHA 6408, 1996a). Figure 2 illustrates the appeal, based on family structure of communities, of higher residential densities and a variety of family amenities and services. The report concludes that the challenge for the housing industry and community planning is to integrate family-oriented activities and services into the residential environment. As family form and function change, so does the ideal of home. Educators involved in family living programs ought to take note.

Technology

Not only has technology contributed to the increased pace of life in our communities, it has also been relied on to speed up the work and hence the pace of life within the home. As Daly points out, in our industrialized culture, we have a speed fetish that values expediency over processes that take a long time. In our efforts to "save time" through the uses of express lines, microwave ovens, drive-through tellers, e-mail, or instant food products, we seek to pack more activity into the time that is available. "The irony is, of course, that when we pack more tasks into the extra time that we have saved, we then require another time-saving device to cope" (Russell, 1992, as in Daly, 1996, p. 9). But efficiency can be taken too far. When the household becomes a production-maximizing unit and efficiency becomes the focus, the meaning of home is distorted.

Contemporary Problems And Responses

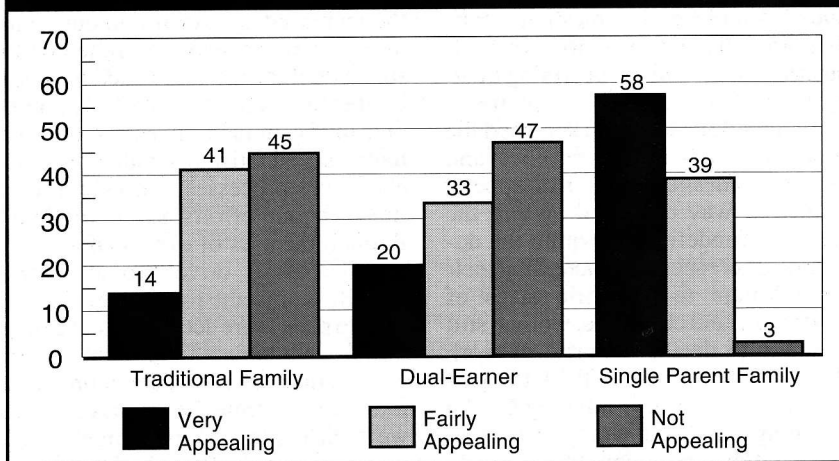
Home-Based Employment

Modern communications technologies and computers are frequently associated with home-based employment. They blur the lines between home and work, and, from a facilities perspective, existent houses and life styles are not designed or structured for this change.

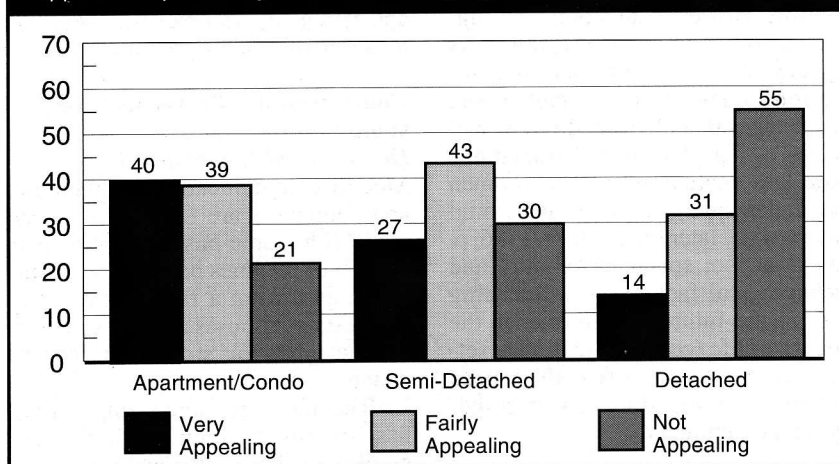
The move to home employment has benefits for both employees and employers, but it also has burdens. It can reduce the costs to employers both in facilities provision and management and in employee costs. But self-employed individuals lose collective bargaining potential and as well use their homes as work facilities. For the home-based workers there may be some tax advantages in the short term through writing off some of the operating costs from employment income, although this can create a liability later, involving a partial loss of capital gains exemption when selling their principal residence.

Home employment brings the tension of the work place to the "home" — not that tensions from the work place have always been left at the office, but there was the potential to leave certain stress behind — there was a dividing line. Existing suburban housing was designed for domestic use. Home-based employment is, in many instances, a "bad fit." In addition, many families have not been mentored, nor do they have the support systems or social con-

Appeal of Option 1 by Family Structure



Appeal of Option 1 by Current Dwelling Type



Appeal of Option 1 by Household Income

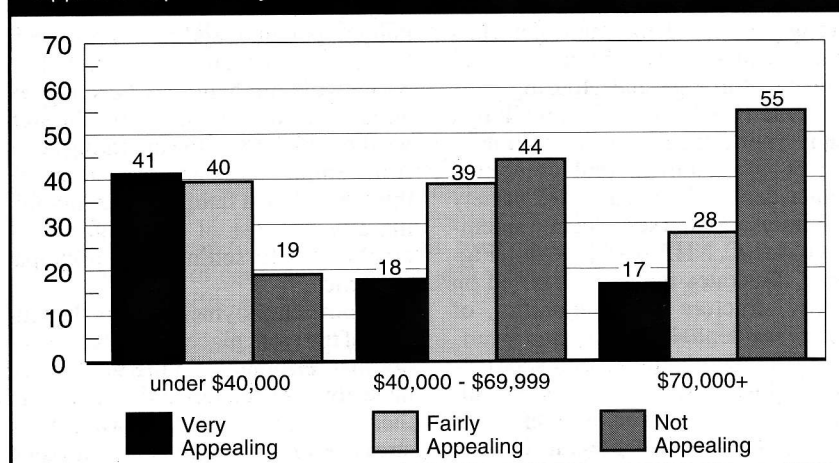


Figure 2: Appeal of Option 1 - Communities with higher residential densities and a variety of family amenities and services.

Source: CHMC (1996) *Housing the New Family: Reinventing Housing for Families*. NHA 6408.

structs to deal with home business, child rearing, two-income households, and requisite leisure and relaxation. Work is ever present. This is not to purport a "Luddite" position concerning the use of modern communications technology in the home, but technology must be understood as a double-edged sword in the amount of control it allows (Daly, 1996, p. 79). Its use may force reconsideration or redefinition of qualities of the home, such as intimacy, privacy, and domesticity, and may require a structural response to permit the integration of home-based employment and domestic activity on the same site.

CMHC Projects

As a response to these changes, CMHC has sponsored a demonstration house in British Columbia, "the user friendly house," which attempts to demonstrate some features of a more flexible design. It has also sponsored a design competition, *Flex Housing: Houses that Adapt to Life's Changes*. Although this program places considerable emphasis on seniors and people with disabilities, it also involves home-based employment activity as a criterion in unit design (CMHC, NHA 6819, 1995).

CMHC has also sponsored research to investigate the impact of telework and home-based employment on both the home and neighbourhood. It concludes that little is known about the environmental aspects of using the home as a work place (CMHC, NHA 6408, 1995).

What Shape Communities?

The critical questions that need to be asked regarding dual-income family households and home-based businesses are: do they make a positive contribution to the quality of life and do they in fact add to human comfort? The literature certainly indicates that concerns about home employment raise issues regarding the sense of isolation and disconnection from work by those who are working at home (CMHC, NHA 6408, 1995, p. 2). Others have pointed out concerns regarding conflicts arising from the multiple role demands of home-based entrepreneurs (Kean, Nimeyer, & Maupin, 1994, p.1).

If home-based employment is going to be part of the activity of dual-income family households, single parent households, or of one-income families, it will be necessary to look more carefully at the implications not only for housing design but for neighbour-

hood design as well. Bringing paid work back into the home may have as profound an impact on households as did paid work leaving the home environment. Initially this will affect how the home is understood in the context of human comfort.

Brigitte Krantz points out that improving the quality of life in urban environments is not only a matter of physical design, but that social considerations must be incorporated into design (1991) or, as Hayden puts it, "all real estate development proposals and corporate marketing proposals need to be evaluated for their social costs" (1984, p. 228). These social considerations referred to by Krantz and Hayden involve the creation of community, and it is through long term co-operation, not just on a project basis, that a "positive interface between a public sector and the informal local sector can be created" (Krantz, 1991, p. 36).

Hayden has argued that "for the last two centuries the quintessential American intellectual, political, and architectural dilemma has been a dream house *or* ideal city" (1984, p. 231). But is it, rather than a dilemma, a realization that it is housing *and* communities that create a sense of home? Certainly the New Urbanist movement in the United States, concerned about reviving "morbid urban spaces" with main streets, homes with front porches, and neighbourhoods built to pedestrian scale, deals with how urban design contributes to community building. Zoning by-laws and development standards very much determine what is possible. Conventional post-war suburban development patterns, including low residential densities, homogeneity, separation of land uses, and dependence on the private automobile, are reflected in the growing concern about the social consequences of these developments.

Frequently, the costs and public subsidies for both low-density suburban development and the private automobile get lost in the accounting process. Also omitted are considerations of long-term sustainable development. New approaches to life-cycle costing of residential development demonstrate that present patterns are prohibitive based on criteria for economic or sustainable development. For example, a recent study completed by CMHC in partnership with the regional municipality of Ottawa/Carleton compared the cost-effectiveness of conventional suburban development patterns with

mixed use, more compact development based on the principles of "New Urbanism." The life cycle savings, calculated over a 75-year period for a community of 7,000, showed an annual savings of over 1 million dollars for the alternative plan (CMHC, 1996, NHA 6408). The alternative plan supported public transit, was much more pedestrian-oriented, had twice as much land developed to commercial uses, and had 20% more recreation and open space. The proposal demonstrated that incorporating social considerations into the design of communities is not only supportive of community building but has real economic advantages as well. There appears to be a growing consensus in the literature of a need to re-evaluate current development and redevelopment standards to be more congruent with the goals of a sustainable community.

Others suggest we need both dispersal and concentration in cities and it is time to stop assuming that one necessarily precludes the other (Rybczynski, 1995, p. 232). Poulton observes that in Canada, for example, about two-thirds of our housing was built in the automotive age (that is, since the 1960s) and that for decades suburbs were seen as dormitories or bedroom communities. He argues that this no longer is the case since retailing, wholesaling, and industry have moved to these areas, and that "work, home, and play is more and more exclusively a suburban experience" (Poulton, 1995, p. 90).

Rybczynski suggests we can glimpse the urban future in the fast-growing cities like San Diego, Dallas, and Jacksonville in the United States, "which are developing a dynamic kind of home grown urbanism based on movement and accessibility, decentralization and a complete reliance on private cars rather than public mass transportation. It is in these cities that are new economic power houses" (Rybczynski, 1995, p. 233). Although Rybczynski suggests that these "chaotic" settlements may be a more truthful accommodation of the way we live today, he does not question their ability to be sustainable or how they add to the quality of life (comfort) of their inhabitants now or in the future. These kinds of communities may be a reflection of how *some* live today, but is it how we want to live, and what are the costs? J. B. Jackson suggests "our Western world is yielding to a fluid organization of space that we do not

entirely understand nor know how to assimilate as a symbol of what is desirable and worth preserving" (Jackson in Rybczynski, 1995, p. 233). Should we not question the frantic pace of such settlements? As Wolfgang Sachs observes, "a society that lives in the fast lane can never be a sustainable society" (Sachs, 1997, p. 44).

The Future

The nature of work, the size and structure of households, together with changing social, economic, and environmental realities seem to indicate that the development of traditional suburban tract housing may not be affordable, suitable, or adequate. The growing reality may be that a very diverse population is attempting to fit itself into housing types that are simply no longer appropriate. McCamant and Durrett suggest that post-industrial societies are undergoing changes that are affecting and will affect housing needs. Over two-thirds of North American housing stock was designed for the traditional nuclear family (bread-winning father, homemaking mother, and 2.4 children). Presently, less than one-quarter of the population lives in such households. Two-income two-parent households predominate while the single-parent household is the fastest growing family type. In addition, almost one-quarter of the population lives alone, and this number will grow as the population ages. The impracticalities of suburban single detached houses for a significant number of households is demonstrated by the number of households in Western Europe and North America beginning to embrace alternative forms of collaborative housing, such as co-housing and alternative development standards (McCamant & Durrett, 1994, p. 12).

This brief environmental scan, based on a literature review, was intended to pose questions in the context of understanding the evolving concept of "home." William Irwin Thompson, twenty years ago, saw the development of the suburban nuclear-family home and community development during the thirty years after World War II as a fantasy way of life where in "every case community was destroyed to make room for consumption" (1978, p. 76). He saw the next thirty years as a counter-movement towards community. Although that process has been slow, social values, changing demographics, and the nature of work are all influencing how we think about

housing and communities, and their livability and sustainability: their ability to be homes and provide for human comfort.

With reference to Rybczynski's onion simile, "home" needs to be seen as a dynamic growing concept, the layers changing in relationship to each other and new layers forming in response to social and economic forces. Equally important are the neighbourhoods and communities which, to extend the simile, are the garden in which the onions grow. Just as the health of the living organism is influenced by the fertility of the soil, the light, and rain, so does the potential of housing to become homes — the ability to provide for human comfort — depend on the qualities of communities. Figure 1 amends Rybczynski's onion simile to include community and neighbourhood in the definition of home.

As Carver noted over thirty years ago, "to a large extent the suburbs [gardens] have been an accident, the consequence of an elaborate interplay of forces in land speculation, in traffic arrangements and in the bid for consumer markets" (1962, p. 118). We now live with the legacy of the "accident" — communities which are not healthy — and without healthy communities, the ability of houses to become homes (provide for human comfort) is seriously compromised. In addition, this problem continues to be a most critical, if not quintessential, public issue and, as with most public issues, "blend(s) arguments over empirical data with conflicts over social and cultural values" (Abbott, 1997, p. 33).

Confronted with changing values or perspectives, there is a need to respond with more flexible housing alternatives (Anderson, 1996, p. 64). Such housing alternatives should be "enabling" by adding to the quality of life of a more socially diverse population. There is a professional obligation among the creators of living environments (e.g., architects, planners, home economists/human ecologists) to ensure that policies and programs have the results they were intended to have (McGregor, 1997, p. 10). Houses and communities which improve quality of life, whether socially, economically, or environmentally, increase human comfort and in doing so become homes.

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'I'm going to make the effort': How Mothers Become Successful University Students

Brigitte S. Wiebe and Carol D. H. Harvey

Women have in the past delayed university study in order to work and/or raise children. Now many are starting university study, often at a time when they are evaluating personal identity, exploring career options, or changing focus from family or work responsibilities (Brandenburg, 1974; Redding & Dowling, 1992). These women, called re-entry students (Kirk & Dorfman, 1983), have been shown to face formidable challenges in their adaptation to the university world. In a qualitative research study, we investigated women re-entry students with a particular focus upon mothers of children up to age 12. In this paper "re-entry students" or "students" refers to mothers as students.

Role Challenges to Mothers as Re-entry Students

Re-entry students give two primary reasons for seeking education: economic gain through the acquisition of marketable skills and knowledge, and intellectual and personal self-improvement (Brandenburg, 1974; Hooper & Traupmann, 1984; Hudson, 1987; Kirk & Dorfman, 1983; Ladan & Crooks, 1976; Sewall, 1984). Supports, both personal and institutional, for these students influence their satisfaction with the new role and their ability to succeed within an educational program (Hooper, 1979; Kirk & Dorfman, 1983; Novak & Thacker, 1989; Sands & Richardson, 1984). Some degree of role conflict appears inevitable. Researchers listed above recommend institutional support: Universities ought to have policies and programs to assist the student who is also a mother and improve her chances of continuing in school.

Using role theory, anthropologists and sociologists suggest that when a

social system is established, people have a set of expected behaviours (roles) within the concepts of the system (Nett, 1990). Roles are socially constructed, and meanings attached to them have associated symbols. Symbols are also socially constructed. Together, roles and symbols give meaning to self. The self has role identities that are arranged in a hierarchical manner (LaRossa & Reitzes, 1993) and, for persons assuming a new role, establishing its hierarchy in an existing role system is important. Smith (1996) has indicated that the study of social construction of roles is appropriate and useful for research in home economics. As we were interested in the management of competing roles, we focused on family and university roles of mothers.

Résumé

Cet article traite de démarches de femmes, mères de famille, qui ont réussi à faire une transition à un rôle d'étudiante alors qu'elles entraient à l'université à un âge non traditionnel. On a utilisé des entrevues avec 10 femmes qui étaient retournées aux études à une grande université canadienne, pour étudier le croisement des rôles de mère, d'étudiante et de membre d'une famille. Se basant sur la théorie des rôles, les chercheurs ont analysé les données selon les procédures de McCracken (1988) et ont élaboré des thèmes généraux à partir d'observations faites à chaque entrevue. On a trouvé que des stratégies personnelles et scolaires étaient essentielles pour pouvoir gérer les rôles discordants. Les étudiantes ont utilisé des stratégies pour elles-mêmes, pour les rapports primaires ainsi que pour les rapports institutionnels afin de pouvoir réussir dans leurs études. On décrit les luttes pour réussir comme mère et comme étudiante et on fait des recommandations pour les éducatrices d'économie familiale, en se basant sur les expériences vécues par ces étudiantes.

Abstract

How mothers describe and manage successful transition into the student role when they enter university at a nontraditional age is the focus of this report. Interviews with ten female re-entry students at a large Canadian university were used to study the intersection of mother, student, and family roles. Role theory informed the research. Data were analyzed following McCracken's (1988) procedures, developing general themes from observations made of each interview. The development of personal and academic strategies was found to be essential to the management of the conflicting roles. Students employed strategies related to interactions with self, within primary relationships, and with institutions to become academically successful. Struggles with being a successful mother and student are described. Recommendations are made for home economics educators based on the experiences of these students.

The Authors

Brigitte S. Wiebe, MSc, is Student Advisor, Faculty of Human Ecology, University of Manitoba. **Carol D.H. Harvey**, PhD, is Professor, Department of Family Studies, University of Manitoba. Both authors are registered Professional Home Economists.

Note

Data reported in this paper were collected as part of B. Wiebe's MSc thesis, Department of Family Studies, C. Harvey, Advisor. An earlier version of this paper was presented at the Canadian Home Economics Association Conference, Quebec City, July, 1994.

Women have reported conflict among home, mother, employee, and student roles (Beutell & O'Hare, 1987). Many felt there was less time for their families and friends after starting university study (Brandenburg, 1974). However, some women were so careful when adding a strong new role that their husbands and children hardly noticed a shift in commitment.

Gerson (1985) analyzed the consequences of multiple roles for middle-aged mothers as re-entry students. She found that role accumulation had both a net strain and net gain effect. She speculated that there may be a ceiling on the amount of role accumulation that could yield a positive result and that more freely chosen role involvements diminished strain.

The Study

When mothers describe their own experiences as re-entry students, existing information on this topic can be enhanced. We can also add to the programming suggestions that have been made in the literature (e.g., Redding & Dowling, 1992). Our study sought to understand, in particular, how mothers as re-entry students with children at home resolve the challenges of entering and remaining in a university program. This paper discusses the findings of a qualitative analysis of the strategies developed by female re-entry students as they made the transition into the student role.

Ten female re-entry students in three professional faculties at the University of Manitoba were interviewed for the study. They were at least 25 years of age and not older than 44 upon first admission to the University, enrolled either as part or full-time students during 1992-93 in the second or later year of their academic program, and were active mothers of a co-resident child or children with at least one child under the age of 12. Interviews were tape recorded, tapes were transcribed, and each transcript was reviewed several times. Progress notes were made by the principal and shared with the second researcher. Analysis followed the suggestions of McCracken (1988) and proceeded in five stages. Each comment made by a participant was treated in its own right as a contributor to a specific code word. Codes were reviewed in light of ideas from the literature and from discussions between the researchers. Using the computer program *The Ethnograph* (Seidel, 1988), codes were incorporated into

themes or patterns of ideas and reorganized into more general categories. Conclusions were then related back to individual transcripts, and, last, categories were analyzed.

Experience of Mothers as Students

As students entered university, the addition of a student role to the demands of other areas of life caused the greatest unease. Strains were related to decreased time for family and friends, decreased organization of home and personal activities, demands of household tasks, and issues related to child care. Most strain, however, occurred in coping with the demands of the university itself. Similar results have been described in the literature (Ballmer & Cozby, 1981; Brandenburg, 1974; Novak & Thacker, 1989).

Guilt about not being available to their children at all times was expressed, as illustrated by one respondent who said:

I don't want to neglect my kids because of my school, but I don't want to neglect my school because of my kids. So things go back and forth.

Families expected mothers to be mothers but not students as well. Throughout the process, students reported opposition and resistance: from application for admission to gaining entrance to professional programs, moving to enrolment, completing course work, and obtaining funding.

I had to go and say, look, I would like to go to university and get a degree and get somewhere in life...what can I do? And I just started digging.

Management Strategies

Students employed various strategies to manage the student role in three areas of interactions: within self, within primary relationships, and with institutions. Interactions with others were handled with a mixture of organization and careful planning of the household. These students also built the supports they needed. Participants expressed initial surprise at what they were capable of doing, but realized that the responsibility for change began with their personal determination. They pulled others along in the momentum. One said:

I think that if I had been less positive about doing it myself, people would have been a little less...enthusiastic. But because I was all for it, people kind of jumped on the band wagon....yeah, this is something that she is going to do and she's probably going to make a success out of it. Let's cheer for her.

Throughout their interaction with officials working in universities, banks, and social service organizations, participants remained focused on the goal of degree completion. Graduation, the end point for the academic institution, was viewed as important, but the participants identified future employment and careers as the goal of the student role.

Re-entry students identified personal determination in all three areas of interaction as the means for maintaining a focus on issues related to adding the student role. They reported strong personal determination as influencing their response to the strains created during the transition to becoming students. They were students in programs they had chosen and worked hard to enter, and ownership and satisfaction with the student role was strong. Those who were completing the final stages of their academic programs anticipated another time of uncertainty with the addition of a professional work role. The adjustments they had encountered and handled as students were seen to aid in easing the transition into the professional world of work.

Interaction with Self

Personal interaction and dialogue with self were necessary to enable these students to study. They identified using inner resources to push self, having pride in accomplishments, developing an outgoing personality, dedicating time to maintain certain grade standards, being willing to ask for assistance, using experience and age to solve problems, and being as well rested as possible as part of the personal interaction with self. For example, several said, "I wanted to go to university cause I wanted to prove...that I can get a degree." One said:

And I decided that, no, I'm going to go for the long haul — What I want to do. That's the only thing that will make me happy in the end. So here I am.

Another said:

I just thought, my god, at this age — I'm going to make the effort; I'm going to force myself to be outgoing. And it worked....I'm not going to be that [other] person. I'm going to change.

The personal goal of being a student sustained each participant through the early stages of the transition into student life. The ensuing conflict and strain that were encountered were seen as potentially beneficial. This perception assisted the development of a strategy for coping with the intransigence

of academic and non-academic institutions.

Interaction within Primary Relationships

Participants identified changes in their primary relationship interaction with children, husbands or partners, friends and extended family, and work or volunteer experiences in order to accommodate the shift into the student role. Family lives and the changes they made within them were described in a less positive way than the interaction with self.

Children Children and their demands always received first consideration, but participants developed an ability to leave their children when necessary to focus on the demands of the student role. One said:

At times, their noses get out of joint. "You're always studying when exams come..." They're proud of me in their own little way, that I'm going to school. They're going to school and I'm going to school, and they think it's really neat that their mom goes to school too.

Students without a spouse or partner were concerned with providing their children with information about the school experience and discussing the decisions that affected them. One commented:

And I said, we really need to work together; we need to pitch in too, like we're all in this together, and I need you guys' help. And I said, if you ever start feeling really resentful, picture something in your head that you really, really want, and when I graduate, we're going to do it.

Children noted changes that had happened in their homes, and several told their student mothers, "You've always got your nose stuck in a book."

Married students did not describe the process of involving their children as clearly as single mothers, perhaps because they had another adult in the home. They viewed the experience as having future rewards, especially in the creation of an education-positive household, and in becoming a positive role model for their children. The process, however, was not without strain. One commented that:

... last year, last term, was just brutal. Courses, new faculty. The courses were really tough....so that was, it's difficult. Scheduling that. School doesn't allow for holidays, like, when I say holidays, I mean the kids' stuff. Like Hallowe'en, the Christmas parties. The, you know, you've got to make costumes for the kids, you've got to take them out on Hallowe'en. Who cares if you have a test the next day...School doesn't allow for things like

that. So that's the battle.

Their family and academic schedules were planned efficiently, their children were learning to deal with changes, and yet the students exhibited ambivalence about the transition that was happening. One said:

I do feel guilty lots of times. Lots of guilt, you know, with the kids. I go, oh, I should be doing that. But the reality of it is I know I probably wouldn't be if I wasn't doing this anyhow.

Another said,

I think I feel guilty taking away from them, but now that they're a bit older, it's not so bad.

Husbands and partners Participants placed less emphasis on the interaction with their spouses or partners than with their children. Some received positive support from a husband or partner in the form of financial and emotional input. Others did not. One participant, who found it exhausting to communicate with her husband throughout all her university experiences in order to keep him involved, said:

He's starting to understand, just by talking and talking and talking with him and letting him see that — trying to sit down and not argue with him....this is something I need and you have to support me, ... I need your support — and it's really difficult at times.

Other experiences included leaving a negative partner relationship, those allowing the participant time to heal herself, giving her the personal strength to confront the academic world. Another had to negotiate with her husband for financial support for the remaining years of her academic program in order to decrease the number of months that the family would have to accommodate her academic schedule.

Friends and extended family Personal and friendship support was identified as being important through giving guidance or advice. For example, just having someone to listen provided a strong emotional lift:

...one girl friend especially is still my best support in the world. Well, she ties with my husband but she was very, very good about it.

Others spoke positively of the receipt of support from friends. Some friends, however, were described as distracters, and were perceived as unwilling to accommodate the demands of the new role and the changes that the student had to make to their relationships.

I think they [friends] are more envious of us and they always try and sabotage you sort of — "Oh, you've done enough studying. Why

don't you come over for coffee?"

Students who had positive relationships with extended families described these as supportive. Parents provided advice and assistance with child care and house work, and they also gave some financial assistance.

Work and volunteer experience The emphasis on provision of household work was quite muted. The participants who mentioned household work took responsibility for organizing or doing it, seeing it as "my job." If anyone "helped," they expressed delight. Their standards for household cleanliness had become less exacting, due to limited free time. Concern was focused, rather, on interactions with children or partners, and although there was always some work that needed doing, the strain of household work was not described as overwhelming.

Students described strategies related to handling the other roles in their lives. They viewed their academic experience as providing for future economic and career needs, reducing the amount of paid employment or volunteer time when they became students. Some were in unionized positions that paid a higher wage than future professional work would pay, but the personal growth opportunities that went along with the career-focused jobs had become increasingly important to them.

Interactions with Institutions

University schedules and demands did not easily accommodate the family needs of re-entry students. Participants felt that students with children were generally viewed with suspicion by the academic institution and its employees, and deadlines and schedules were usually unbending. For example, one participant said:

I thought, well, maybe I should sneak out of the class, tell the professor it's something very important, and tell my [child] — not tell him what it is, cause he would never think saying "happy birthday" to your [child] is important.... They only care about their subjects, they don't want to hear anything else about your life.

Funding agencies and government service agencies also displayed rigidity in interactions with participants. One student said:

This year I have a student loan. That I had to fight for....Oh, it was terrible....I've heard of people who've had a harder time.

Another stated,

I even went as far as registering for corre-

spondence courses and going down there and saying, I'm already in, give me the money, and they still wouldn't do it.

Students identified particular strategies and skills that they developed in response to the demands of the institutions, including exam preparation, a persistent attitude, and transfer to other programs:

I'm challenged by papers, by exams, even though exams really scare me to death sometimes, but there's still a challenge and I work really good under pressure. And I like being challenged. I really do. It's not for everybody. There's some people who really just cannot handle pressure and they, they fold, when this kind of pressure hits them.

I had to fight for it, and they kept telling me I couldn't do it. I couldn't do it, I couldn't do it. I was, damn you, I'm going to do it.

I had to get accepted into two universities just to get where I'm going.

You see, that's where I kept changing my personality saying, I'm gonna ask questions, I'm gonna force the issue, and so I started digging and I found all these things out....

They learned to plan programs and timetables, use advisory counselling services, and at times moved into a lower job classification in order to respond to academic demands.

Development of Academic Strategies and Student Skills

Skinner (1984) suggested that an ability to compartmentalize roles assisted with a decrease in the strain experienced with adding a new role. Because the children of the participants were young, parental responsibilities were high. The demands of children could not be ignored nor could high levels of responsibility be placed on the children themselves, so participants separated parent and student roles:

If my child needs to talk to me, that comes first, always. I've put my own life on hold and made do with cramming, pretty much for all the years that I've been in university.

The role relationships that were of primary focus were those with their children:

...basically every day that's planned out while I'm in school reflects on, okay, who's going to watch the kids while I go to school, and okay, I have to be home by 3:30 you know, and it all ties in. I've got an exam coming so this week has to be less of this or this and more time to studying and homework.

Although there was a sense that they were no different from anyone else with goals, the attainment of skills related to student success gave the participants a special feeling of accomplishment. Construction of workable

patterns was done in a manner suggested by Daniels and Weingarten (1984). The academic milestones of entry into university, entry into a professional program, and a good grade-point average served to reinforce that special feeling. The way the participants described battles they fought to become students and to cope with family changes, academic demands, and needs of their children was evidence of successful acquisition of the student role. One explained:

...juggling, and then being able to also, you know, [handle] the family, the home life, and all the other things that go with it, and then to also go to school and get the grades.

The strains that were reported by these students illustrated the overlap between the demands of student and family roles. They built supports into their lives in order to accommodate the competing demands of different roles:

I have all kinds of support. I have a really good strong group of women friends and I have a counsellor, and I have a good partner...who does half of the physical work in the home, who is a good parent to the children, and I have subsidized housing and I have a sense of community where I go to school.

Being a student, and thus being part of the educational community, a prized personal attainment for the participants, was an important issue related to personal success. Even though the path toward success was not smooth, the fact that they belonged by becoming students completed the transformation.

The literature reviewed for this study identified the development of skills to assist with the acquisition of the student role. Although Redding and Dowling (1992) suggested that female re-entry students and the academic institutions they enter had made changes to accommodate each other, very few institutional accommodations were identified by participants. The re-entry students developed skills necessary to accommodate the student role on their own:

But as an older student, the biggest problem I have is, I don't know where to place these professors. They treat you like kids sometimes. They don't really care what's happening to you, and as an adult, I think, talking to another adult, there's something wrong....I really think some of them should change, or the system should change.

In the transition into the student role, most strain or conflict was related to the process of entering and becoming a student, but with careful structuring of time and roles, family situations

became easier and students reported an increase in happiness. Even though certain periods of the academic term were difficult, especially with regard to special events related to their children, they described positive self-esteem and a sense of belonging as students. They would not trade it for anything and would persist in their efforts to complete their academic programs. Enhancing this experience with institution-wide supports that are in place as women enter the university system would be helpful.

Implications for Home Economics Educators

The senior author is employed in a full-time staff position as Student Advisor in the University of Manitoba's Faculty of Human Ecology, a home economics program. The position was created to assist students with deciding career goals in consultation with academic advisors; to assist in registration procedures; to provide information on successful study habits; and to ensure orderly progression of students through their academic courses of study in Family Studies, Clothing and Textiles, Foods and Nutrition, and Home Economics Comprehensive. From the results of this and other studies, we have learned that some families can be extremely helpful and supportive to student learners and others create obstacles. It is important for us to provide prospective re-entry students with information about the interaction among work, school, and family roles prior to their university studies. Once they start being students, they might then be more prepared to make the necessary adjustments and be less bothered by these necessary changes, allowing more academic success.

Further, as students proceed through their programs of study, continued monitoring of female re-entry students by university staff is important. We saw that students whose situations were described in this paper viewed their student work as "worth the effort." The challenges of student life may be less obvious to women beginning their university work than to those we interviewed who were at the end of theirs. University professors and staff need to provide the ongoing encouragement that re-entry women students need. Using a holistic approach, as suggested by Thomas and Smith (1994) would be helpful. Encouraging strategies such as planning time carefully, enlisting the help of

family members, and decreasing involvement with community activities and with friends may assist. Universities might consider being more "woman-friendly" as proposed by the Association of Universities and Colleges of Canada (AUCC, 1993).

Respondents agreed that the process of becoming a successful student could have been facilitated by identifying institutional and academic supports. The participants viewed the entry process as a battle, a perception that might be altered if universities were perceived as providing some assistance. "Feedback" from one professor was described by a student as representing a small positive response on the part of the University, enhancing her sense of belonging. The students in this research who had started in general programs and who had eventually found professional faculties with strong support bases felt they belonged to the University community. Professional faculties helped students to be focused on specific paths.

We recommend that more research on re-entry students be conducted. In addition to having more qualitative work with female re-entry students, it would be important to study male re-entry students. Male respondents would provide another dimension to the understanding of re-entry challenges, and we hypothesize that their interaction with their families would be different from that of women.

The prominence of certain roles will vary in the lives of re-entry students, requiring both families and universities to adjust and redefine their expectations. Articulating work, family, and student role adjustments by home economists can assist both re-entry students and the universities in which they study. "Taking care," utilizing a sensitive moral consciousness (Slocum, 1995), is an appropriate path to pursue.

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Environmental Illness: A Potential Role for Home Economists?

Jennifer P. Taylor and Magdalena M. Kronld

An increasing number of individuals are being diagnosed with environmental illness (EI) in Canada (Taylor, 1996; Robb, 1995; Thomson et al., 1985; Stewart & Raskin, 1985), the United States (Black, 1993; Simon et al., 1990; Cullen, 1987; Terr, 1994), and Europe (Burkhard, 1996; Neuhaan et al., 1996). Environmental illness, environmental hypersensitivity, multiple chemical sensitivity, total allergy syndrome, and "Twentieth Century Disease" are different terms used to describe an acquired condition or conditions where susceptible individuals develop chronic multiple symptoms in response to low-level exposure to certain foods, chemicals, or inhalants commonly present in the environment (Black, 1993; Terr, 1994; Davis & Wilkins, 1991; Black et al., 1990; Cullen, 1987). In spite of the recent interest, EI is not a new phenomenon. In 1930, Rowe & Richet proposed that foods were responsible for a variety of both physical and mental illnesses and, later, Randolph (1952) suggested the same was true for synthesized chemicals.

A number of definitions for EI have been proposed (Nethercott et al., 1993; Ashford & Miller, 1992; NRC, 1992; Brostoff & Gamlin, 1989; Cullen, 1987; Thomson et al., 1985; Randolph, 1965). None has been universally accepted. The Thomson Report from the Ad hoc Committee on Environmental Hypersensitivity Disorders of the Ontario Ministry of Health (Thomson et al., 1985) established the following definition:

Environmental hypersensitivity is a chronic (i.e., continuing for more than three months) multi-system disorder usually involving symptoms of the central nervous system. Affected persons are frequently intolerant to some foods and they react

adversely to some chemicals and to environmental agents, singly or in combination, at levels generally tolerated by the majority. Affected persons have varying degrees of morbidity, from mild discomfort to total disability. ...

Symptoms affecting the central nervous system are the most frequently reported — headaches, depression, fatigue, hyperactivity, and inability to concentrate (Jones & Bielory, 1990; Thomson et al., 1985; Bell, 1982). However, the diagnosis of EI has also been applied to those with symptoms involving the vascular, cardiac, gastrointestinal, genitourinary, respiratory, gynecologic, and musculoskeletal systems (Taylor, 1996; McKeown-Eyssen et al., 1994; Terr, 1989; Black, 1993; Simon et al., 1990),

as well as those with recognized other medical problems, including migraine, eczema, and colitis. The symptoms of those diagnosed with EI have been described in a number of case reports (Black, 1993; Simon et al., 1990; Cullen, 1987; Stewart & Ruskin, 1986;

The Authors

Jennifer P. Taylor, PhD, is Assistant Professor in the Department of Home Economics, University of Prince Edward Island. Her research interests include dietary treatment of environmental illness, dietary assessment, nutritional epidemiology, food security, and geriatric nutrition.

Magdalena M. Kronld, PhD, is Professor Emeritus in the Department of Nutritional Sciences, Faculty of Medicine, University of Toronto. In her research, she has examined the complexity of factors influencing human food selection, food perceptions, sensory factors, aging, and immunologic and environmental factors.

Résumé

La maladie environnementale, la sensibilité à plusieurs produits chimiques, le syndrome d'allergie totale et la «maladie du 20^e siècle» sont des termes qu'on utilise pour décrire un état acquis où les malades qui ont une prédisposition, commencent à manifester de nombreux symptômes chroniques lorsqu'ils sont à peine exposés à certains aliments, à des produits chimiques ou à des allergènes inhalés qui se retrouvent un peu partout dans l'environnement. Cet article décrit ce qu'on rapporte concernant la nature de la maladie de l'environnement (ME), les causes suggérées et diverses approches utilisées par les médecins qui exercent la médecine environnementale. Au Canada, les économistes familiales ainsi que les diététiciennes n'ont joué qu'un rôle bien limité auprès de ces malades. Chacun de ces deux groupes professionnels pourrait travailler avec les personnes affligées et leur famille pour les aider à améliorer leur qualité de vie et apporter des changements dans les forces systémiques qui, non seulement ne réussissent pas à les aider, mais contribuent également à leurs problèmes.

Abstract

Environmental illness, multiple chemical sensitivity, total allergy syndrome, and "Twentieth Century Disease" are terms used to describe an acquired condition where susceptible patients develop chronic multiple symptoms in response to low-level exposure to certain foods, chemicals, or inhalants commonly present in the environment. This paper describes the reported nature of environmental illness (EI), suggested causes, and various management approaches by physicians practising environmental medicine. In Canada, home economists as well as dietitians have had only minimal involvement with these patients. Both professional groups may be able to work with afflicted individuals and their families in order to help them improve their quality of life and bring about change in the systemic forces which are not only failing to help them but are contributing to their problems.

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Terr, 1986) as well as in reports of two more recent Canadian studies (Taylor, 1996; McKeown-Essen et al., 1994). The condition is described as chronic and progressively debilitating (Terr, 1994; Randolph & Moss, 1989; Thomson et al., 1985).

Because of lack of agreement on case definition criteria for EI, the true prevalence of the disorder is not known. Results of a 1991 survey of physicians, members of the Canadian Society for Environmental Medicine (CSEM), suggested that approximately 10,000 patients were being treated for EI in Ontario alone (Taylor, 1996). Physicians practising in Halifax (Robb, 1995), Ontario, and Dallas, Texas (Taylor, 1996), report extensive patient waiting lists. Although these numbers represent estimates rather than actual assessments, they suggest that a significant number of individuals are turning to physicians who are interested and have training in environmental medicine (EM physicians), and support the results of the Thomson Report in Ontario (Thomson et al., 1985), as well as the claims of practitioners, patients, and patient interest groups (Weintraub, 1994; Gibson, 1993; Davis & Wilkins, 1991; Thomson et al., 1985). A number of studies, including an Ontario survey of EM physicians (Taylor, 1996), have suggested that most patients diagnosed with EI are adult women (Parker et al., 1990; Black, 1993; Gibson, 1993; Terr, 1994).

Etiology

A number of theories concerning the causes of EI have been suggested, including many that feature immunologic dysregulation due to toxic damage to the immune system (Molot et al., 1989; Randolph & Moss, 1989; McGovern et al., 1983; Rea et al., 1978). The immune system is seen as limited in its capacity to respond to antigens (environmental "stressors" or "incitants"). Symptoms manifest themselves on overexposure that may result from chronic daily exposure to foods, chemicals, and inhalants, or a single large exposure to a stressor. Common stressors include gasoline, paints, pesticides, printed materials, perfumes, foods, environmental chemicals, and *candida albicans* in the gastrointestinal tract (Gibson, 1993; Morris & Stare, 1993; Terr, 1989; Thomson et al., 1985; Crook, 1984). According to Randolph (1952), once a sensitivity develops, it "spreads," leading to the development of sensitivities

to additional agents, such as other foods. However, evidence is lacking to support these concepts (Black, 1993; Terr, 1994).

Much debate has centred on whether observed patterns in symptoms reported represent a primary psychopathology or a physical disorder (Stewart & Raskin, 1985; Stewart, 1990; Black 1993; Terr, 1994; Guglielmi et al., 1994; Radcliffe et al., 1995; Black, 1996). Since patients diagnosed with EI are frequently found to show psychological symptoms (Terr, 1989; Thomson et al., 1985), they are often referred for psychiatric evaluation (Black et al., 1990). Six of seven studies cited in a review by Black (1993) indicated that more than 70 per cent of the sample had psychiatric symptoms. Taylor (1996) found that the proportion of women in a Toronto study outside the "normal" range for psychological subscales was considerably lower compared to previous estimates (Parker et al., 1990; Simon et al., 1990; Terr, 1986; Stewart & Raskin, 1985). Differences were attributed to the fact that those in the previous studies (Terr, 1989; Stewart & Raskin, 1985; Pearson et al., 1983) were often psychiatric patients who would be expected to have a higher prevalence of psychopathology than the general population. The observed psychological profiles seem consistent with any patient who has been diagnosed with, and is attempting to adapt to, a debilitating chronic disease, i.e., patients are more likely to avoid socializing, to be extremely despondent, and to become anxious easily.

Bell et al. (1996) and Radcliffe et al. (1995) have criticized this tendency to apply psychiatric labels to these patients simply because of the absence of known organic causes for the disease. A second review by Davidoff and Fogarty (1994) indicated that studies investigating the psychogenic origins of multiple chemical sensitivities are inconclusive due to sampling, measurement, and design problems, and a failure to distinguish between "competing psychogenic and biogenic hypotheses."

Diagnosis

Environmental physicians use several approaches to diagnose EI; these are listed in Figure 1. If the patient's detailed medical and environmental history (Molot et al., 1989; Terr, 1989), including past dietary and chemical exposures, food preferences, and medi-

cation use (Taylor, 1996), is suggestive of EI, confirmation is obtained through the use of "serial dilution endpoint titration" (SDET) and "provocation/neutralization" (P/N) diagnostic techniques (Willoughby, 1979; Molot et al., 1989; Terr, 1989). With SDET, test antigens in solutions of varying concentrations are injected intradermally to form a wheal that is observed for spread.

P/N involves the sublingual or subcutaneous application of serially diluted test antigens and observation of the patient. If signs and symptoms are provoked, a weaker dilution of the antigen, identified through SDET, is used to "turn off" the reaction (Ober, 1991). The results of these tests are used to determine the optimal dilution of subsequent hypersensitization or neutralization treatments. Although there have been several studies attesting to the validity of this diagnostic approach (Maberly & Anthony, 1992; Molot et al., 1989; King, 1988), the method remains controversial (Finn, 1992; Jewett et al., 1990) and, like SDET testing, is not covered by Ontario health insurance.

Dietary methods of diagnosis, including the elimination/deliberate feeding test, are also recommended by the American Academy of Environmental Medicine (AAEM) (Waickman, 1991) and have long been used by allergists (Rinkel, 1948). Suspected foods are eliminated for 4 to 7 days; a large portion of a single suspected food is then consumed and signs and symptoms are observed (Waickman, 1991). Foods provoking symptoms are then avoided for a more extensive time period, at which time foods may be tentatively reintroduced.

Electrodermal testing, also known as "Vega testing," measures variations in skin resistance on exposure to stressors. It is used less frequently by EM physicians for diagnosing food and chemical sensitivities.

Only the elimination challenge test and patient history, which are also used by traditional allergists, have been recognized as valid methods (Finn, 1992; Jewett et al., 1990; Terr, 1989; Thomson et al., 1985).

Treatment

The goal of treatment of EI is to return the patient to optimal physical and psychological health with reduction of acute and chronic associated symptoms, improved tolerance to stressors that previously caused reactions, and

prevention of the development of new illnesses through elimination of stressors and reduction of the patient's "total load" (Ober, 1991). Treatment methods are listed in Figure 1.

Environment Environmental control includes modification of the home environment or, if not possible, a move to a more "environmentally safe" location (Krop, 1993). Recommendations may include replacement of odorous with non-odorous household cleaning agents; development of an "oasis," i.e., a room where air is filtered and all synthetic materials have been removed and/or removal of synthetic carpeting; frequent hot water laundering of bedding to reduce dust mites; installation of air and/or water filtering systems; installation of a different heating system (usually replacing gas with electricity); and replacement of irritant synthetic clothing with natural fibres (Anderson et al., 1986; Thomson et al., 1985; Randolph, 1952). Unless they have been able to obtain workplace accommodation, some patients have had to change or quit their jobs in order to reduce their exposure to environmental stressors.

Diet Among the dietary therapies listed in Figure 1, only the Rotary Diversified Diet (RDD) is discussed in this paper. It is a central aspect of EI treatment, along with less chemically contaminated or "organic" foods and filtered water (Worrell, 1991; Molot et

al., 1989; Taylor, 1996). Both the clinical ecology and the popular literature include many versions of the RDD (Postley & Barton, 1990; Powell, 1989; Molot et al., 1989; Randolph & Moss, 1989; Rapp & Bamberg, 1986; Golos & Golbitz, 1981). First developed and applied by Rinkel (1948), the RDD involves elimination of stressors by prohibiting offending foods, diversifying the diet through the consumption of a highly varied selection of foods, and rotating foods in the same "food family" (groups of foods that are biologically related) within a regular cycle (Buchholz, 1991; Randolph & Moss, 1989; Rinkel, 1948). Rotating foods is based on the concept of "cross-reactivity" of foods (Sachs & O'Connell, 1988) and is considered to be a means of preventing the development of new sensitivities. The purpose of the diet is to avoid "continuous, multiple, and cumulative exposure to commonly eaten foods" thought to lead to the development of masked or cyclical food sensitivities (Buchholz, 1991; Rinkel, 1948). A minimum 4- or 5-day rotation cycle is recommended to allow the body to recover from the effects of a food and to eliminate all traces of the food from the gastrointestinal tract before eating it again (Randolph & Moss, 1989; Powell, 1989).

Other treatments "Optimal dose hyposensitization" or neutralization

therapy involves the subcutaneous or sublingual administration of solutions of dilute antigens, the concentration of which is determined by SDET or P/N. These methods are used to prevent adverse reactions, or provocation of symptoms, as well as to "neutralize" symptoms once they occur (Worrell, 1991; Molot et al., 1989).

Exercise, with the use of sauna and induced sweating has increased in popularity as a means of detoxification of chemicals and toxins from the body (Terr, 1994; Taylor, 1996). Allergen-free nutrient supplements, such as calcium, vitamin C, zinc, vitamin E, and selenium; oxygen and bicarbonate treatments — calcium, potassium, and sodium — to "neutralize" allergic reactions; herbs such as echinacea to boost the immune system; and digestive enzymes may also be prescribed (Taylor, 1996; Morris & Stare, 1993).

Areas of Debate

During the past decade, the idea that common environmental substances can trigger symptoms in susceptible individuals has generated considerable controversy. Some of the primary areas of debate are listed in Figure 2. It is not the intent of this paper to resolve the controversies but rather to note the problems and focus on the meaning of EI for individuals and families.

The American Academy of Allergy and Immunology (Anderson et al., 1986) and others (Black, 1996; Stewart, 1990; Weiderholt, 1986) have sharply criticized the diagnostic and treatment methods used. Concern has also been expressed regarding the impact on the health and lifestyle of patients who may be unnecessarily following treatment regimens whose effectiveness has not been established (Parker et al., 1990; Stewart, 1990; Terr, 1994) and the possibility of missing an opportunity for conventional medical and/or psychiatric treatment (Terr, 1994; Black, 1993; Stewart, 1990).

The feasibility of following the RDD has also been challenged since the diet requires time, effort, and resolve on the part of the affected individual and/or the meal provider (Bahna, 1986; Frick et al., 1985). The RDD has been described as nutritionally inadequate, leading to weight loss (Bahna, 1986; Chapman et al., 1989). Such concerns are based on opinion or limited research rather than scientific evaluations of the diet, which have yet to be conducted.

In spite of such criticisms and re-

Diagnostic Methods

- Environmental/medical history/physical exam
- Dietary methods
- SDET/Provocation/neutralization
- Electrodermal testing
- Blood tests (e.g., organ function, nutritional status)

Treatment Methods

- Environmental control
- Dietary methods:
 - less chemically contaminated food, filtered water
 - Rotary Diversified Diet
 - elimination diet
 - anti-yeast diet
- Hypo-sensitization ("neutralization") treatments
- Detoxification (e.g., sauna, exercise)
- Supplements (e.g., vitamin/mineral, enzymes)
- Oxygen
- Alkali salts
- Massage, acupuncture for symptom relief
- Medications (herbal, prescription)

Figure 1: Management of Environmental Illness

Sources: Taylor, 1996; Terr, 1994; Krop, 1993; Worrell, 1991; Molot et al., 1989

Environmental Illness: Areas of Debate

- existence of EI has been challenged, with competing psychogenic and biogenic hypotheses
- accepted case definition has not been universally agreed upon, so prevalence is unknown
- lack of empirical support for some concepts/theories
- lack of empirical data attesting to the validity, safety of diagnostic and treatment methods

Figure 2

peated calls for further scientific evaluations of the treatments used by EM physicians (Terr, 1989; Weiderholt, 1986; Tollefson, 1993; Thomson et al., 1985; Davis & Wilkins, 1991), research in this area is severely limited by controversy regarding the existence of the disorder (Terr, 1989), difficulties in identifying patients who have the syndrome (McKeown-Eyssen et al., 1994), lack of objective treatment-outcome measures, unavailability of controlled facilities for challenge testing, and paucity of research funding.

Impact of EI: "Ruined Lives"

Individuals thought to be severely affected by EI have described its negative social, emotional, and economic impact and the implications for their quality of life and that of their families (Thomson et al., 1985). In the psychological consequences of coping, EI is similar to other debilitating chronic illnesses: Persons "mourn for their lost health, job, mobility, ability to be effective in their work and for [their past] lifestyle" (Gibson, 1993). Dr. Roy Fox, an EM physician at the new Environmental Health Clinic in Nova Scotia, reports that the more severely ill patients may be confined to their homes for months and have limited, if any, social activity (Robb, 1995). Some are unable to take part in routine family activities and may not be able to tolerate guests smoking cigarettes or wearing cologne or recently dry-cleaned clothing (Thomson et al., 1985). Such limitations are likely to impact negatively on personal and family relationships, ultimately leading to loneliness and further isolation. Friends' and family members' disbelief in the disorder and a negative or hostile attitude from the mainstream medical community, abetted by psychiatric labelling, add to the distress of these patients, unlike those with visible, well-known medical conditions (Gibson, 1993).

Patients have also had financial difficulties. Many have travelled out

of province for treatment. (For some, this may be partially rectified, given the new clinics in the Maritimes.) Costs of modifications to housing can also be significant, particularly if the patient is very ill and requires major changes. Further, since the majority of tests and treatments employed are not covered by major government or private insurers, patients must pay fees themselves as few are successful in obtaining government financial assistance, with the result that many incur financial debts (Thomson et al., 1985).

A Potential Role for Home Economists

Patients who are diagnosed with EI perceive themselves to be in disharmony with their environment, including both their near environment and their work and social environments. The Ontario survey (Taylor, 1996) revealed that it is physicians and/or staff trained through the AAEM who counsel patients as to how to implement the recommended environmental changes. Home economists are uniquely qualified to be directly involved with individuals with EI and their families. However, in Canada, home economists and dietitians have had only minimal involvement with these patients. No registered dietitians were employed by physicians in Ontario, although several work with patients at the Environmental Health Centre in Dallas, Texas. Only one of the ten EM physicians surveyed employed a home economist at the time of the study; the remaining staff were primarily registered nurses. Thus the implementation of prescribed dietary treatments, including the RDD, is routinely taught by those with little or no formal nutrition training.

Home economists could provide support to patients and their families in understanding how to cope with stress accompanying environmental and dietary change (Kieren, 1994). Patients who are attempting to reduce environmental stressors in their home envi-

ronment may need assistance with selecting alternate textiles or furnishings in the home, making clothing purchases, and identifying sources of and ways to reduce irritant household chemicals. Registered dietitians and home economists with backgrounds in foods and nutrition could enable individuals who choose to follow dietary regimens such as the RDD in adapting to major dietary changes required. Patients and their families must learn to cope with the social, psychological, and economic impact of eliminating a large number of common foods, introducing a number of unfamiliar foods, and rotating non-prohibited foods. They need to be able to select personally acceptable, nutritious, and affordable choices within those allowed, plan family meals with those foods, and identify appropriate substitutes for prohibited foods.

Why have home economists and dietitian/nutritionists had minimal professional involvement with these patients? Given the relative newness of the field of environmental medicine, few home economists or dietitians are familiar with its model. Information on the theory and diagnostic and treatment methods have seldom been included in their professional or continuing education (Morris & Stare, 1993). In *Topics in Clinical Nutrition*, a recent review of guidelines for counselling patients with "food sensitivities" discusses only the elimination diet as dietary treatment; the RDD or other dietary treatments prescribed for EI are not reviewed or discussed (Carroll, 1994). In their areas of practice, many home economists have had minimal or no professional contact with individuals with EI. Moreover, according to Dr. John Reudy, the Dean of Medicine at Dalhousie Medical School, the lack of accepted diagnostic tests, identified pathogenesis, and proven treatments has made traditionally trained individuals sceptical (Robb, 1995). Home economists and dietitians trained in the traditional scientific model/paradigm (Badir, 1991) may share these concerns. It is hoped that our involvement with EI patients will increase as more home economists recognize the limitations of an exclusively scientific or positivist approach, which holds that knowledge is only real if it is based on "observable facts," and recognize that this approach is not always appropriate for gaining insight into human interactions (Schneider, 1994; Morgaine, 1992; Vaines, 1990; Belenky

et al., 1986).

Home economists who wish to work directly with individuals diagnosed with EI could take on a variety of roles, depending on their area of interest or specialization. Patients need support as they come to terms with their illness and the recommendations for the often extensive changes in their lifestyle (Thomson et al., 1985).

Although the RDD appears to be "environmentally friendly" since whole, rather than processed, foods are often recommended in the diet, the consumption of some imported or out-of-season foods, such as Brazil nuts and tropical fruits, has been recommended in order to "diversify" the diet. Individuals following the RDD could be encouraged to make more sustainable food choices, such as those which are local and in season (Gussow & Clancy, 1986). If the treatment regimens are found eventually to be ineffective and/or nutritionally inadequate, those with expertise in foods and nutrition could provide support to these individuals in order to minimize any negative health effects (Gibson, 1993). Otherwise, patients will likely continue to have little support other than that offered by their EM physicians or counsellors who lack sufficient or appropriate training.

It is particularly important for home economists and professionals who work with such patients to "evaluate old philosophies and methods of practice" and avoid falling into the traditional role of "expert problem solver." It is important to recognize that patients are the experts in their own realities (Kieren, 1994). Given patients' reported experiences with a medical community that may demean or trivialize their complaints (Gibson, 1993), it is critical for home economists to also enable families to understand and work to change the system that not only fails to help but contributes to the problems of those suffering with EI. For example, there is a need to advocate for family financial and other family support services, provincial funding of testing and treatments provided by EM physicians that have been shown to help patients, and reduced use of pesticides and other toxic substances that find their way into the food supply.

Conclusion

Although the area of EI is fraught with controversies, it is clear that the hardening of attitudes and polarization of

opinions seen in the medical literature has been unproductive and divisive and has not led to improved understanding and treatment of the problems of a growing number of patients (Thomson et al., 1985). We believe that, if home economists and dietitians wait until EI is firmly established as a legitimate disorder in the eyes of the mainstream scientific community and the treatments and diagnostic methods used are validated to their satisfaction, we will miss important opportunities to work with and provide support to the increasing number of EI patients and their families.

However, in order to help patients who are diagnosed with EI, as home economists we need to become more informed about EI, its management, and its impact on patients and their families. This may be accomplished in a number of ways. The topic could be included as part of the training for future professionals (e.g., in courses at the post-secondary level). Professional development workshops could also be held to update home economists in the field. For those who are interested in working directly with patients, training sessions are offered by the AAEM and the Pan-American Allergy Society, or similar organizations. These courses are accredited by the Council on Continuing Medical Education of the American Medical Association. Curricula, undergraduate and graduate, specific to the needs of home economists remain to be developed. The Canadian Society for Environmental Medicine may be contacted for information on these and other workshops offered by local practitioners. There is a need to conduct both basic and applied research in this area in order to better understand EI and how we may help patients achieve an improved quality of life. In particular, research that documents patients' experiences as they adapt to EI is needed as well that which evaluates the diagnostic and treatment methods used. Communicating such research through our professional journals and conferences will also serve to inform fellow professionals.

There is no doubt that the health problems experienced by EI patients are real, regardless of their origin, and that the numbers of patients being treated for EI are on the increase. Home economists are ideally suited to work with these patients, and to do so would be highly consistent with our mission to improve the quality of life for indi-

viduals and families.

Contacts:

Canadian Society for Environmental Medicine,
PO Box 62058 Convent Glen Postal Outlet, Orleans, ON K1C 7H8. Fax: 613-837-8896.

American Academy of Environmental Medicine,
PO Box 1001-8001, New Hope, P.A. 18938. Tel.: (215) 862-4544. Fax: 215-862-4583.

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Lobbying, Advocacy, and Writing Position Papers and Briefs

Sue L.T. McGregor

During the last 15 years, much has been written in the *Canadian Home Economics Journal* on the topic of individuals becoming involved in public policy. Drawing from the foundation articles published in the *Journal* in the 1970s and 1980s, McGregor continued the dialogue on policy involvement with a position paper on why it is necessary and appropriate for individual home economists to be involved in policy (1988). The discussion included an overview of the general policy development process (1989b), the development of a model of the degrees of policy involvement (1989a), an account of the process of managing a policy issue (1993), and influencing the implementation of policy (1997). Her 1993-1994 survey of the Canadian Home Economics Association (CHEA) membership (McGregor, 1996b) revealed that home economists believed that they had only low to medium competency in the skills of lobbying, advocacy, problem solving, and thinking critically.

This paper is designed to provide a primer on lobbying, advocacy, and writing position papers and briefs. Future companion papers may deal with other policy-related skills such as building coalitions, collaborating, and managing conflict, as well as thinking critically and creatively. In this paper, the discussion on lobbying and advocacy refers mainly to individuals, while that on position papers and briefs refers to associations such as CHEA. Individual home economists are challenged to take an inventory of their own situations relative to all these particular skills, and strengthen relevant ones as necessary. CHEA as an organization is challenged to examine its role as a player in the civil society — a society that attempts, on behalf of citizens at large, to create social capital by altering the current social structure to compensate for the centralization of power and mitigating the shortcomings of the market and the political process (Con-

sumers International, 1997). Future research needs to reflect on the role of the Canadian Home Economics Association as a lobbyist and advocate relative to each individual member's actions.

Lobbying and Advocacy

One of the most fundamental sets of skills that affect the policy process is lobbying and advocacy since, after analyzing an issue and coming up with a policy solution, one needs to communicate these ideas to the policy makers and other groups involved. However, the fact that home economists are not yet inclined to see themselves proficient as advocates, lobbyists, or activists (McGregor, 1996b) implies that their voice and, by extension, that of individuals and families, is not well heard in the policy arena.

There is a fine line between advocating and lobbying which is difficult to draw and see; nonetheless, an attempt will be made to distinguish between these two political skills, appreciating that people who engage in advocacy also lobby and vice versa. As an advocate, one tries to influence the government or political parties toward certain policies on behalf of a cause in order to benefit someone else rather than oneself or one's own interest group or professional association. As a lobbyist, on the other hand, one would defend or promote a position in order to enhance one's own interest or that of one's group, for example, CHEA. In both situations, one is taking political action to try to influence public policy (Wallack et al., 1993). The difference is in who benefits from the effort. For example, advocating for change in the social welfare net, which includes education, health, and employment, is not the same as lobbying for a reduction in cuts to foreign aid that affects the Canadian International Development Association (CIDA) funding and, hence, the CHEA International Development Program (CHEA, 1994). Similarly,

those involved with the 1995 Beijing Nongovernment Organization (NGO) Forum on Women, advocating for women's equality, lobbied in Beijing the many world governments represented at the UN Conference on Women on their own specific areas of concern set out in the *Beijing Platform for Action* (Butcher, 1995).

Lobbying

The term "lobby" is derived from the corridor in the British House of Commons where constituents would meet their MPs to pressure them about specific policies, programs, or legislation. "...[N]othing is more proper in a democratic process than for individuals to attempt to organize to influence their government" (Jackson, Jackson, & Baxter-Moore, 1986, p.543). Lobbying includes arousing public opinion so that the public is in agreement with, or at least not hostile to, the position taken on an issue. The other component of lobbying is influencing bureaucrats or legislators. The strategies adopted depend on the type of interest group, its resources, and the types of issues involved. CHEA has not fully addressed its role as an interest group although its Public Policy Committee has shared a draft paper on this topic with the executive.

In general, lobbying strategies can range from and include combinations of (a) keeping close track of what is happening in government so that one knows when and where to take appropriate action; (b) developing and nurturing positive relationships with the press, other interest groups, bureaucrats, and legislators, especially MPs, MLAs, and municipal councillors; (c)

The Author

Sue L.T. McGregor, PhD, is an associate professor in the Department of Human Ecology at Mount Saint Vincent University, in Halifax, N.S., in Family and Consumer Policy and Studies and Home Economics Practice.

maintaining both formal and informal contacts between the association and governments — international, federal, provincial, and local; (d) disseminating literature, briefs, and research results; (e) promoting letter writing campaigns and public relations campaigns, and entertaining; (f) supporting groups at committee hearings and in using the judicial process — an expensive and lengthy proposition; and (g) getting free media coverage or using non-violent demonstrations (Jackson et al., 1986).

There are five major points of access to government when lobbying for an issue. First, one should approach the bureaucracy and civil servants as they develop green and white papers. Green papers are discussion papers while white papers tend to be firmer statements of government's intended actions. Second, one should lobby members of the Cabinet using briefs, which are often invited but may be unsolicited. Third, lobbying individual MPs, MLAs, or councillors is recommended since they can then express their views, and yours too, in caucus. Fourth, again using briefs and personal presentations, one can lobby the Committee system in the House of Commons, the Senate Standing Committees, provincial legislatures, and local councils. Finally, one can lobby for one's cause through members of political parties, bearing in mind that some people and organizations have to be seen as non-partisan (Jackson et al., 1986).

The trick to effective lobbying is to be able to track a bill from the discussion paper stage through its life cycle and intervene at the appropriate time with the appropriate strategy (McGregor, 1989b). Space does not permit a full discussion of this dynamic and ongoing process. Readers are directed to Stanbury (1993) for an excellent overview of lobbying strategies, targets, timing, and messages in the Canadian context.

Advocacy

An advocate is concerned for the interest of someone other than oneself. As an advocate, one is less likely to use pressure and more likely to educate. Home economists need to advocate on behalf of individuals and families in order to get issues on the public agenda. This means personally working for a particular solution to a problem and involves expressing views on the right and wrong way, using value reasoning.

Advocacy work may threaten credibility and perceived professional neutrality of the person or the association if other home economists do not share the position. As an advocate, you can propose your own individual position on behalf of someone else or support the position of another group. Group or organizational advocacy entails a process of promoting or representing the views and concerns of persons or groups to those in authority who have the power to influence or make policies or programs. An advocacy group may go out of existence once the issue has been addressed or resolved (McNiven, 1994).

McNiven (1994) offers many guidelines to help someone be an effective advocate. The following are some of them:

- When appropriate, try to let decisions to advocate be driven by the association's or profession's mission, code of ethics, policies and procedures, and standards of practice.
- Try to take action at the "right time" determined by budget and legislative schedules and the election cycle and before an issue has reached crisis status.
- Approach the right person, the one with the power to make policy decisions and changes. This is facilitated by becoming familiar with how the political system works and by developing contacts in government within both the bureaucracy and higher levels.
- Learn how to manage conflict from a collaborative perspective; do not "burn bridges" since contacts and a healthy relationship may be needed for another issue.
- When appropriate and expedient, develop coalitions and work in collaboration, and always be well-organized and aware of one's resources.
- Finally, know the opposition's stance and develop counter arguments.

Strategies for advocating on behalf of others may include lobbying, as they also involve communicating with elected representatives using letters, attending public hearings and meetings, preparing briefs or resolutions, or circulating petitions. Always monitor and review legislative activities. Ongoing communication with civil servants in the bureaucracy is also necessary and involves consultation and negotiation. One can also become formally involved with government by

getting appointed to advisory boards, working groups, and task forces (McNiven, 1994). As an advocate, one can also influence public opinion through the media and through forums and community meetings. Finally, one can advocate through educational workshops and their materials or by forming advocacy coalitions with other organizations (McNiven, 1994). Some examples of home economists' involvement include McGregor and Berry's experience with the Mandatory Counselling Working Group and the subsequent Task Force on insolvency/bankruptcy counsellor qualifications (1997); that of Diane Kieren, Mary Anne Doherty-Poirier, and Carol Morgaine who were on the Advisory Board that developed the Alberta Family Policy Grid (1991); and Colette Landry-Martin who was a member of the Ministerial Advisory Committee for the New Brunswick Family Policy Secretariat (1995).

Whether acting as an individual speaking on behalf of someone else or for a group, as an advocate one is pleading the cause of another or defending or maintaining a "social cause" (Martin & Lotz-Kamin, 1987; Tripple, 1990). Quoss (1992) reminds us that "when an advocate secures rights and resources on behalf of dependent people, the people remain in a state of dependence. Thus, family policy based on an advocacy approach needs to be placed in relationship with an empowerment approach which encourages people to assume power for themselves" (p.39). (See also Berenbaum, 1995; Morgaine, 1992; and Vaines, 1993.)

Writing and Presenting Position Papers and Briefs

A position paper is an internal document while a brief is an external document. A position paper provides an organization such as CHEA with several alternatives, backed by research and facts that can be voted upon by the membership. Today's home economics philosophy would also have home economists provide a moral value judgment, thereby taking the justification of the position beyond facts to include value premises (McGregor, 1996a). A brief is a public statement of a problem, the organization's position, and recommendations for change. It is usually, but not always, prepared after discussion and adoption of an internal position paper. The brief or submission is a form of public action on the

part of an association while position paper entails "reflection and positioning" on an issue to sort out a problem (Crowle & Burwell, n.d.). Sometimes, a person's role may simply be to call an association's attention to the issue with a Resolutions Committee taking over.

CHEA has developed position papers on four issues affecting families: the environment, education, infant and child feeding, and adolescent pregnancies. The *CHEA Policy and Procedures Handbook* (CHEA, 1995) includes a section on how to develop and distribute a position paper. CHEA has recently developed several briefs, including one submitted to the Special Joint Committee reviewing Canada's Foreign Policy (CHEA, 1994) and one on the Social Security Reform issue sent to the Minister of Human Resource Development Canada (McGregor, 1995). The CHEA Executive also responded to the New Brunswick Family Policy Secretariat's call for briefs in 1995. Resolutions are usually included in position papers and briefs. They are formal motions, passed by general meetings, that suggest policy regarding specific social issues and/or actions on the part of the association regarding such issues. They are public — they give both direction to the executive of the association and tell the public what the association believes (Crowle & Burwell, n.d.). Sometimes, a person's role may simply be to call an association's attention to the issue with a Resolutions Committee taking over.

A recent example of a resolution brought before CHEA was that on Global Food Security, a resolution that was rejected by the membership in 1995 after being tabled by the Executive in 1994 for further development and discussion. CHEA has had resolutions on Family Violence, Global Debt, Food Security in Canada, Housing, Aging, Part-time Work, a Resolution on the Family, and five others.

The process for and steps in developing a brief and position paper are the same, but the method of presenting each of these is different (Crowle & Burwell, n.d.). Both a typical position paper and a typical brief have the following framework: purpose, "the" position, supporting rationale and data, recommendations, and summary (Kennedy, 1995). One must be sure to provide enough information for members and readers to understand why the subject under discussion has become an issue.

Position Papers

Although position papers are not "history papers" and do not require complete chronology and legislative history of an issue, a comprehensive overview is essential. First, a minimum amount of background information is provided; then one should immediately make the position clear and defend it with appropriate facts, figures, and value premises. This involves critical, reflective thinking. One should present this in such a way that the reader can follow the logic and chain of reasoning.

In general, either an individual or a group within an association may do the research for a position paper. Once the position paper is prepared, including three or four alternative positions for consideration, it is presented to members, in writing and/or orally. This serves the purpose of educating members and allows time for debate if there is controversy within the association on how best to deal with the issue. Usually the document is not for external use; that is, the information collected and the problems and solutions identified are not for publication at this stage. This information is often, initially, confidential and each member assesses it and makes a personal decision about which alternative position is best for the association and, in the case of CHEA, for family well-being. The position paper, once it is adopted by the association, is kept on file and used by members as they address social and family policy issues. It will need to be kept current. Once a position has been taken, the association may decide to hold a media conference or prepare a news release, network with other organizations in forming advocacy coalitions, adopt a letter writing campaign, or develop a brief (Crowle & Burwell, n.d.; Kennedy, 1995).

Briefs

A brief is appropriate when one wants to take further action and influence others outside of the association. An organization needs to set policy determining who has authority to write and present external briefs. Often, it is undertaken by committees, working groups, or task forces. There may be a call for a submission of briefs to which an association may decide to respond, as CHEA did for the Social Security Reform Policy, for Foreign Aid, and for the New Brunswick Family Policy Secretariat.

When preparing briefs, consider all sides, not just one's own, so as not to create a false sense of "stacking the deck"; rather, raise objections to the opponents' points of view and then refute their arguments. If others have good points, acknowledge them and then show why they are outweighed by your considerations on behalf of families. Finally, conclude with policy recommendations and alternative solutions. So that one will not be seen as a complainer, face the problem and suggest solutions based on a reasoned position supported by facts and values.

Briefs should be *brief* since, from sixty briefs, only one is ever read by someone external to the organization that originated the brief. Internal position papers may be longer than briefs and are likely to be read by more people and by those who belong to the association (Crowle & Burwell, n.d.).

Crowle and Burwell (n.d.) suggest that one small group should write the brief, a second group should read and criticize it, and a third group lobby and follow up after the brief has been presented. The written brief should have a title page, table of contents, and an executive summary of approximately 400 words. The introduction, describing the association and what it does, should be followed by the body of the brief, made up of content and concerns. The brief concludes with numbered policy recommendations, no longer than two lines each. The recommendations should be presented in the same order as the topics discussed in the body of the brief.

How a brief is to be presented is usually specified by the outside group that has solicited it. The group or government department may request a written brief with an opportunity, for those who wish, to speak to it. Enough copies should be provided for everyone. If the outside group asks only for a written brief, one can still ask to speak to it. Since, usually, organizations are selected and invited to submit a brief, they need to be visible in the policy arena. McGregor and Mayan (1997) note that the Canadian Committee for the International Year of the Family (CCIFYF, 1995) maintained that CHEA is not perceived as an active lobbyist on behalf of families. CHEA could take steps to submit unsolicited briefs in an attempt to make itself more visible in the family and social policy arena. When an organization prepares and presents a brief, it should also submit a news release, request mem-

bers to petition and write letters of support to government, and lobby or form coalitions with other organizations with similar beliefs and positions (Crowle & Burwell, n.d.).

Summary

A goal of political education is to expand the number of people who may become actively involved in the process of policy decision-making (Kirby & McKinnon, 1988). The goal of this paper is to contribute to advancing the level of political education and competency of Canadian home economists/human ecologists. It has profiled the process of lobbying and advocating, writing position papers, and presenting briefs.

As this discussion unfolded, the interrelatedness of these and other skills became apparent. Advocating on behalf of others involves lobbying and lobbying involves advocacy. Lobbying for one's own interest is most effective if the issue and the position have been adopted by one's association, e.g., CHEA. In turn, advocacy work is more effective if coalitions are developed and managed, leading to future collaborations and working relationships. The development, sharing, and critique of written internal position papers and external briefs provides a stepping stone to this dynamic process and opens doors to future coalitions, collaborations, and creative, justified policy solutions. Future companion papers may further the discussion, since individual and familial well-being will be enhanced if practitioners begin to combine these skills into a dynamic approach for setting policy agendas, and developing, implementing, and analyzing family policy.

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CHEA Position Paper on Breastfeeding

Official Statement

It is the official position of the Canadian Home Economics Association that:

- exclusive breastfeeding on demand is the optimal feeding method for infants from birth to six months of age;
- exclusive breastfeeding is environmentally friendly and provides total food security for infants;
- the health risks of formula feeding include increased risk of infectious diseases, diarrhea, anemia, and allergies;
- home economists have a professional responsibility to convey objective information about the superiority of breastmilk and the health risks associated with formula feeding;
- home economists have a responsibility to promote breastfeeding and breastfeeding education and to promote a supportive community at national, local, and family levels; and
- home economists respect and support women's choices regarding infant feeding and display non-judgmental attitudes toward individual decisions.

The Canadian Home Economics Association fully endorses and recognizes the legal intentions of the World Health Organization *International Code of Marketing of Breastmilk Substitutes*, the *Innocenti Declaration*, the UNICEF/WHO *Baby Friendly Hospital Initiative*, and Resolutions of the World Health Assembly pertaining to breastfeeding.

In 1979 the Canadian Home Economics Association (CHEA) endorsed an official position paper on Infant and Child Feeding that "emphatically supports breastfeeding as the best choice for infants." The paper called for more research on factors affecting mothers' feeding choices and recommended a collaborative effort on the part of health professionals and governments in the promotion of breastfeeding (CHEA, 1979). Although the essence of the original statement is still valid, significant events in the history of CHEA and in international breastfeeding policies mark the need for an update. Specifically, the mission of CHEA was expanded in the early 1980s to include developing countries.¹ Also, since the early 1980s, several international policies were endorsed worldwide that have since become important standards for the promotion of breastfeeding, including the World Health Organization's *International Code of Marketing of Breastmilk Substitutes* known as the WHO Code 1 (WHO, 1981); the United Nations International Children's Fund's *Baby Friendly Hospital Initiative*, BFHI (WHO/UNICEF, 1992a); the *Innocenti Declaration* (WHO/UNICEF, 1990); and resolutions of the World Health Assembly (1996). CHEA officially endorsed the WHO Code in 1989 in response to renewed concern over Code violations and the Nestlé boycott (CHEA, 1989). Finally, new research on infant feeding and the emergence of a variety of breastfeeding support programs deserve exploration and recognition.

This paper refines and reaffirms the official CHEA position on breastfeeding by reviewing current literature and perspectives relevant to Canada and developing coun-

tries. The purpose of this official statement is to ensure that Canadian home economists continue to have the necessary knowledge and tools to fulfil their mission: "...to strengthen the home economics profession and to actively promote improved quality of life for individuals and families in Canada and the developing world."

Current Status

Infant morbidity and mortality rates in Canada are among the lowest in the world (UNICEF, 1996). Although regional surveys have reported breastfeeding rates, no comprehensive national survey has been published in Canada since 1982 (McNally et al., 1985). Compilations from provincial surveys estimate that breastfeeding initiation rates reached 80% nationally in the early 1990s, with notable regional variations — up to 90% in the lower British Columbia mainland, 70% in Ontario, and less than 40% in some parts of Quebec and Eastern Canada (Nolan & Goel, 1995; CDA, 1989; CPS, 1994). The duration of exclusive breastfeeding remains relatively short, dropping to approximately 50% at four months and less than 30% at six months among women who originally choose to breastfeed (CDA, 1989; CPS, 1994). Breastfeeding in Canada rarely continues past the first year of life (CDA, 1989). While the breastfeeding rate among low-income Canadian women is

Note

The CHEA Board reviewed and adopted this Position Paper on Breastfeeding at its meeting in Victoria, B.C., July 1997.

one of the lowest in North America (Sciaccia et al., 1995), rates tend to increase with education and socioeconomic status (Nolan & Goel, 1995).

The positive linear relationship between breastfeeding rates and socioeconomic status seen in North America is reversed in developing countries, where social, economic, and cultural influences are markedly different (Koçturk & Zetterstrom, 1989). In developing countries, infant mortality rates remain high at 10% (i.e., 108 deaths per 1000 live births), and diarrhea remains one of the primary preventable causes of infant and child death (UNICEF, 1996). Although breastfeeding initiation rates generally exceed 90% in most developing countries and commonly extend past the second year of life, other practices are cause for concern, including early or delayed introduction of complementary foods and abrupt cessation of breastfeeding (Winikoff & Laukaran, 1989; MacIntyre & Walder, 1994; Green, 1989). Even under satisfactory sanitation conditions, these practices may cause diarrhea, allergies, and malnutrition due to infant intestinal immaturity and reduced production of breastmilk (Winikoff & Laukaran, 1989; MacIntyre & Walder, 1994; Vigi & Chierici, 1994). Where water supplies and public health sanitation are poor, malnutrition and diarrhea are further exacerbated by early introduction of complementary foods. UNICEF estimates that 1.5 million infant deaths worldwide can be prevented by exclusive breastfeeding during the first six months of life (UNICEF, 1996).

Benefits of Breastfeeding

The benefits of breastfeeding for both infant and mother are well documented. Breastmilk is a biologically active and dynamic fluid that changes to meet the infant's changing needs over the entire course of breastfeeding, even over the course of one feeding (Wagner et al., 1996). Biomedical advantages over formula feeding for the infant, even in affluent societies, include immunological protection against infection and decreased allergies (Wagner et al., 1996; Forsyth, 1995; ILCA, 1994; Beaudry et al., 1995), species-specific fat and protein amounts, nutrient composition and balance (Wagner et al., 1996; ILCA, 1994; Hanson et al., 1994), bioactive substances, e.g., hormones, growth factors, and enzymes (Wagner et al., 1996; Hanson et al., 1994), and maximal absorption and digestibility of nutrients (Wagner et al., 1996; Glass & Stroll, 1989). Some studies suggest possibly reduced risks of childhood cancers (MacIntyre & Walder, 1994; Davis et al., 1988) and insulin-dependent diabetes type I (MacIntyre & Walder, 1994; Mayer et al. 1988) among children who were breastfed. Advantages for mothers include risk reduction for breast and ovarian cancers (MacIntyre & Walder, 1994; Newcomb et al., 1994; UK National, 1993; Rosenblatt & Thomas, 1993) and possibly birth-spacing benefits of lactational amenorrhea, maximally reliable with exclusive breastfeeding (MacIntyre & Walder, 1994; ILCA, 1994). Psychosocial benefits include enhanced mother-infant bonding and improved infant cognitive development (Forsyth, 1995; Morrow-Tlucak et al., 1988). Exclusive breastfeeding provides total food security for infants, as there is no more readily available, affordable, and nutritious infant food (WABA, n.d.). "Exclusive breastfeeding" means that absolutely nothing other than breastmilk is given to the infant. Exclusive breastfeeding during the first six months of life and breastfeeding extended past the first year will maximize the benefits conferred to both infants and mothers (Wagner et al., 1996).

There is some controversy over the ideal timing for introducing complementary foods and thus the end of exclusive breastfeeding. Current recommendations state that complementary feeding, i.e., infant consumption of any food or liquid other than breastmilk, should begin between four and six months, and no later than six months of age (Hendricks & Badruddin, 1992). The recommendations are based on infant growth rates and the nutritional adequacy of breastmilk. Of particular concern are total calories, protein, vitamins A and D, iron, and zinc (Hendricks & Badruddin, 1992). World Health Organization infant growth monitoring charts (used worldwide) are based on reference data collected between 1929 and 1979 in the United States from an unrepresentative sample of mainly formula-fed infants (Dewey et al., 1995). Measured against such standard growth charts, breastfed infants appear to falter between three and six months of age; however, it is well known that breastfed infants follow different growth patterns than formula-fed infants (Binet & Kooh, 1996). More appropriate reference data are needed to truly assess optimal growth of breastfed infants.

Evidence suggests that actual infant energy requirements are lower than currently recommended intakes. Exclusive breastfeeding on demand has been shown to be completely adequate in energy and key nutrients, with the exception of vitamin D in northern climates (Binet & Kooh, 1996), to a full six months of age (Borresen, 1995). The most common reason mothers give for choosing to formula-feed or initiate early complementary feeding is a perceived inadequacy of breastmilk (ILCA, 1994). However, because breastmilk production diminishes immediately on complementary feeding, it is possible that it is the introduction of other foods and/or pacifiers, shields, teats, and the like that preclude milk production — not that breastmilk is inadequate to begin with (Winikoff & Laukaran, 1989; ILCA, 1994).

Breastmilk iron is highly absorbable (50%) compared to that from other sources, but its availability can be compromised with the introduction of solid food (CPS, 1991). The Canadian Paediatric Society states that, although exclusively breastfed infants may remain iron-sufficient until nine months of age, iron-fortified complementary foods should be introduced at six months — earlier if exclusive breastfeeding ceases prior to six months (CPS, 1991). While recognizing the importance of introducing timely complementary foods to promote optimal infant health and development (Hendricks & Badruddin, 1992), there seem to be substantial health benefits to be gained from lengthening current recommendations regarding exclusive breastfeeding from four to six months of age. This is especially true in developing countries where diarrhea and birth spacing are major health challenges, and where complementary foods can be of poor nutritional quality. The Breastfeeding Committee for Canada recommends exclusive breastfeeding to the age of about six months (Breastfeeding Committee, 1996), and the International Lactation Consultant Association recommends that "women should be encouraged to give only breastmilk to their infants for the first six months of life" (ILCA, 1994).

Other areas of concern include environmental toxins, human immunodeficiency virus (HIV) transmission, and the feeding of premature infants. Higher levels of environmental toxins such as PCBs, organochlorines, and mercury have been found in the food supply and breastmilk of peoples living in certain areas of the world, e.g., parts of

Asia and North America and the Arctic; however, the consensus is that the physiological benefits of breastfeeding far outweigh the risk of harm by environmental toxins transferred through breastmilk (Frank & Newman, 1993; Wein, 1994; Wormworth, 1995). Some evidence suggests that immunological factors transferred through breastmilk may protect infants from HIV (ILCA, 1994; Black, 1996). The risk of mother-to-infant HIV transmission through breastmilk is estimated at 29% among women who were infected post-natally (Black, 1996). The risk of perinatal HIV transmission from pre-natally infected mothers to their infants seems to increase with breastfeeding — it is unclear by how much (WHO/UNICEF, 1992b). In regions where infectious disease and malnutrition are the primary causes of infant death, WHO recommends breastfeeding irrespective of the mother's HIV status. In all other regions, the risk of mother-to-infant HIV transmission is higher than the health risks due to not breastfeeding; thus HIV-positive mothers are advised to use a safe feeding alternative (WHO/UNICEF, 1992b). Finally, in regard to breastfeeding of pre-term infants, evidence suggests that human milk can provide these infants with adequate nutrition and important immunological benefits. Further research is required to determine what feeding method is most appropriate for infants of varying degrees of prematurity (Schanler & Hurst, 1994).

Current Issues: Infant Formulas

Despite tremendous advances over the years in the formulation and composition of alternatives to breastmilk, certain facts re-emphasize the superiority of human milk for optimal infant health around the world. Infant formulas are inert, unchanging liquids, with markedly different fat and protein composition (Vigi & Chierici, 1994; Raiha, 1994; Giovannini et al., 1994). Formula milk is not as digestible as breastmilk and nutrients are not as well absorbed (Lo & Kleinman, 1996). Infant formulas are more expensive than breastmilk even when the cost of extra food needed to support breastfeeding is considered (Jones & Green, 1993). The health risks associated with formula feeding include gastrointestinal upset, respiratory illness, infectious illness, allergies, and anemia (Beaudry et al., 1995; Lo & Kleinman, 1996).

Formula preparation requires clean conditions and some kinds call for precise mixing procedures. Using infant formulas produces environmental waste. In developing countries where poor water supplies and poor sanitation are all too common, proper use of infant formulas can be challenging. Powdered formulas are the most prevalent and least expensive forms available in developing countries and are sometimes mixed improperly or with contaminated water with consequential high infant morbidity and mortality. In developed countries, sanitation concerns are relatively minor, but biomedical and psychosocial advantages of breastmilk remain significant for infant health and development.

Infant formulas continually strive to model human milk, and soon may even be able to emulate immunological factors through genetic engineering (Lo & Kleinman, 1996). Still, even infant formula companies publicly assert that breastmilk remains the feeding method of choice for optimal infant health. Most importantly, our understanding of the nature and composition of human milk and of breastfeeding continues to evolve as new findings are revealed and its impact on infant health remains to be fully

elucidated (Wagner et al., 1996). It is unlikely that infant formulas will ever be able to truly match human milk as long as our understanding of breastmilk and the act of breastfeeding remains incomplete.

Marketing of Infant Formulas

It is easy to establish breastfeeding as the biological norm; it is a huge challenge to ingrain it as the cultural norm around the world. While practically all women are physically capable of breastfeeding, safe and appropriate formula needs to be available for cases where breastfeeding is not feasible or chosen. It is vital that the availability and marketing of infant formulas in no way undermine women's decisions surrounding breastfeeding (both initiation and duration). To this end, WHA adopted the WHO Code in 1981 (WHO, 1981). The WHO Code is a recommendation to the member states of the WHA, intended primarily "to protect and promote breastfeeding and to regulate certain marketing practices relating to these products." It is envisaged as a "minimum requirement" to be adopted *in entirety* through legislation (Shubber, 1996; Margulies, 1996).

Since 1981, several supporting resolutions have been passed by international bodies to reinforce, supplement, and update the WHO Code. These include the UNICEF BFHI (WHO/UNICEF, 1992a), the Innocenti Declaration (WHO/UNICEF, 1990), and various WHA Resolutions (WHA, 1996). Although the WHO Code has been successfully enacted by legislation in some countries, e.g., Zimbabwe (Madzima, 1996), it has been interpreted erroneously and implemented incompletely by many governments (including Canada). Adoption of only parts of the WHO Code and the use of voluntary agreements have been the most common forms of implementation. These are not considered adequate implementation to protect breastfeeding in light of the original intention of the WHO Code (WHO, 1981; Shubber, 1996; Margulies, 1996; Kylberg, 1996).

Infant formula companies continue to violate aspects of the WHO Code around the world, most notably by the distribution of free formula samples to health professionals and hospitals, and the use of baby images on product labels (Winikoff & Laukaran, 1989; Milk companies, 1997). The recent emergence and marketing of unnecessary "follow-up" formulas, i.e., complementary foods, have occurred because companies were looking for loopholes in the WHO Code to continue to market their products. Such "follow-up" formulas are erroneously interpreted to be outside the jurisdiction of the WHO Code (Misinformation, 1996). Although written agreements exist in developed countries that prevent mass-marketing of formulas (Rickard, 1994), companies continue to use methods such as distributing flyers to doctors' offices and baby clubs. Mass-marketing of infant formulas continues in developing countries to the detriment of infant health (Winikoff & Laukaran, 1989). These practices, the complacency of government and some health professions, and hospital policies have had an enormous negative impact on the rates of breastfeeding worldwide over the past four decades, and continue to undermine breastfeeding despite recent reversals in trends (Winikoff & Laukaran, 1989; Guilkey & Stewart, 1995). Violations of the WHO Code will not cease until widespread legislation is enacted, including appropriate monitoring mechanisms and effective sanctions. The current trends toward market globalization and free trade agreements lift restrictions on multinational corporations who are no longer accountable to any one government or law. In such a climate, it is even

more essential that strong national laws are in place to support the WHO Code (Linnecar, 1996).

Like most countries, the Canadian government has failed to live up to the original intention of the WHO Code by only supporting voluntary agreements and by not enacting legislation (Dingwall, 1996; Beatty, 1991; Marleau, 1994; Canada, 1993). Exemplifying the lack of success of voluntary agreements is the Canadian Infant Formula Association *Code of Practice* (CIFA, n.d.), an attempt at industry self-regulation supported by the Federal Minister of Health in 1988. Advertising was not limited in compliance with the WHO Code, limits were not enforced, complaints were not registered or responded to, and the CIFA was eventually disbanded. Finally, the Codex Alimentarius Commission, an international body that has great potential for effectively regulating the infant formula and food industry, is biased by over-representation of infant food companies from most member countries, including Canada (Linnecar, 1996; Codex Alimentarius, 1996). It is clear that external monitoring, legislation, and balanced representation on policy-making bodies are essential if Canada and other governments are to implement the Code.

Breastfeeding Decision Factors and Breastfeeding Promotion

Mothers' decisions to breastfeed are subject to a myriad of influences and are often made well before pregnancy and/or delivery. Mothers' decisions about infant feeding are complex and culturally-dependent (Kocurk & Zetterstrom, 1989). Some of many influencing factors include knowledge and experience of breastfeeding, education and literacy levels, advice from health professionals, hospital policies, partner and family support, social acceptance and community support, social status issues, breast symbolization, workplace policies, work status, and self-esteem (Kocurk & Zetterstrom, 1989; Sullivan, 1996; Kessler et al., 1995).

To be successful, breastfeeding promotion initiatives must be made relevant to the complex decision-making environments of mothers. Effective breastfeeding promotion literature needs to be co-ordinated between various sources, convey consistent messages, be literacy-sensitive, and reflect more than the simple assertion that "breast is best" (Sullivan, 1996; OHA, 1994; Valaitis & Shea, 1993). The WHO Code states that materials dealing with infant feeding should be clear and address topics related to the benefits and superiority of human milk and the health risk associated with the use of formula. Also, there should be no form of promotion or advertising of products including formulas, infant foods, pacifiers, or bottles directly to consumers (WHO, 1981; Valaitis & Shea, 1993). A recent Canadian survey of 22 infant feeding pamphlets showed varying degrees of accuracy, literacy levels, use of positive approaches, and compliance with the WHO Code. Although non-profit and government resources tended to be the most positive, accurate, and WHO Code-compliant, they tend to be less widely circulated and available than those produced by commercial companies (Valaitis & Shea, 1993).

The influence of culture on mothers' infant feeding decisions is significant. The fact that the female breast is primarily symbolized as sexual in North America presents formidable challenges to breastfeeding promotion. While breasts are used to advertise everything from cars to cologne, they become "obscene" when exposed for their natural purpose (Kotz, 1996). A recent Canadian survey showed that major factors preventing widespread accept-

ance of breastfeeding include embarrassment, a feeling of being "tied down" to the infant, body image concerns, and opinions of friends and family (Sullivan, 1996). The bias toward bottle feeding in our culture is historically ingrained. Prevailing Western medical philosophy over the past 2,000 years has been dubious about the quality and appropriateness of human milk (Gartner & Stone, 1994), and even children's books overwhelmingly depict bottle feeding as the norm for humans, and curiously, even animal species (Altshuler, 1995).

Our culture highly regards individual choice, and this must be carefully considered by any promotion campaign to avoid guilt or implications of "bad" motherhood. Part of respecting individual choice includes providing all the information parents require to make a completely informed choice. The WHO Code states that it is important to give clear, objective information about the superiority of breastfeeding and the risks of formula feeding (WHO, 1981; International Baby Food, 1993). Providing the facts in an open, non-judgmental manner can decrease the risk of guilt as parents are then free to make informed choices (Walker, 1994). Open discussions about concerns such as returning to work, influences of family and friends, embarrassment, and having sufficient milk can effectively reassure parents and encourage breastfeeding as the best feeding option (Canadian Institute of Child Health, 1996). Peer support networks, like those of La Leche League International, have also been effectively promoting breastfeeding without instilling feelings of guilt among women who choose not to breastfeed. La Leche League has a policy to support mothers in whatever feeding decision they make for however long is needed.

In developing countries, while exposed breasts for infant feeding are widely accepted socially, exclusive breastfeeding itself is perceived as largely inadequate (Winikoff & Laukaran, 1989). The use of formula feeding in developing countries also has significant status implications: urban women who work outside of the home and have more disposable income demonstrate their status through bottle feeding (Oglethorpe, 1995). Changing cultural norms through well-researched social marketing strategies and community-based initiatives such as World Breastfeeding Week (World Breastfeeding, 1995), baby-friendly communities, and local support groups can make significant inroads toward establishing breastfeeding as the cultural norm throughout the world. Culturally effective breastfeeding-promotion initiatives have been successfully implemented by several organizations in Canada and internationally, including La Leche League International, Breastfeeding Committee for Canada (Health Canada), Infant Feeding Action Coalition (INFACT), International Baby Food Action Network in Africa (IBFAN), and more. Such efforts need increased support and expansion to create more culturally informed and co-ordinated promotion efforts.

A human rights analysis on breastfeeding has sparked interesting debates surrounding infants' rights to optimal health, women's rights to choose whether or not to breastfeed, and whether to breastfeed in public (Oglethorpe, 1995; WABA, 1996). In North America, breastfeeding women are asked to leave public places and have even been arrested for breastfeeding in public (Oglethorpe, 1995). The perspective that breastfeeding is a human right for both infants and mothers provides yet another platform upon which to lobby legislators. Some US states have enacted human rights legislation intending to "decriminalize" breast exposure for

the purposes of breastfeeding (Oglethorpe, 1995).

The Role of Health Professionals in Promoting Breastfeeding

The policies of health agencies and attitudes of health professionals have substantial impact on mothers' decisions and the likelihood of their enactment (Losch et al., 1995; Powers et al., 1994). Health professionals have unparalleled opportunities to facilitate mothers' making informed decisions around infant feeding considering the amount of contact time pre- and post-natally. Physicians especially have tremendous potential for influencing the infant formula industry, as they are the primary marketing target (Kyenkya-Isabirye, 1992). Physicians' and mothers' attitudes regarding breastfeeding are closely correlated; however, studies indicate only a minority of women report receiving any infant feeding advice from health care providers and the information given by various health professionals is often seen as conflicting (Powers et al., 1994).

Hospital policies regarding rooming-in, immediate post-partum breastfeeding education and support, feeding schedules, supplementary feeding, and formula gift packages also greatly influence the success of breastfeeding initiation (Powers et al., 1994; Greiner, 1996). To encourage a positive breastfeeding environment in hospitals around the world, UNICEF launched the BFHI in 1991 (WHO/UNICEF, 1992a), a specific process administered by a nationally-appointed authority involving a needs assessment survey, an external evaluation and monitoring team, as well as follow-up training programs (Kyenkya-Isabirye, 1992). Although almost 8,000 hospitals worldwide, as of July, 1996, are designated as Baby Friendly (The world is turning, 1996), progress has been slow.

In Canada, only 60% of hospitals providing maternity care have a policy on breastfeeding. Of these, 4.6% comply with all aspects of BFHI, and 1.3% comply with both the BFHI and the WHO Code (Levitt et al., n.d.). A handbook on the promotion of breastfeeding has been written by the Ontario Hospital Association but it does not specifically endorse the BFHI or the WHO Code (OHA, 1994). A study in four developing countries showed that newborns are still kept separate from their mothers after hospital births, from 15% in Columbia to 81% in Indonesia. Subsequently, 25% to 50% of babies born in hospitals in Nairobi, Columbia, Indonesia, and Thailand receive their first feeding (formula or glucose water) from a doctor or nurse (Winikoff & Laukaran, 1989). Hospitals in developing countries are particularly vulnerable to lucrative contracts with profitable infant formula companies, and require support from government and health professionals to become Baby Friendly. Clearly, health professionals and health organizations both in Canada and around the world need to take significant action to live up to breastfeeding promotion mandates that have been endorsed worldwide.

One way of enhancing and improving the role of health professionals in the promotion of breastfeeding is through official policy and corresponding standards of practice. Most Canadian health professional associations and related organizations have written policy statements in support of breastfeeding and the aforementioned international resolutions. These include the Canadian Home Economics Association (1979), Dietitians of Canada (Canadian Dietetic Association, 1989), the Canadian Paediatric Society (1994), Breastfeeding Committee for Canada (1996), and the Canadian Pharmaceutical Association (1995). Such official state-

ments are an important first step; however, they will have little effect unless they are widely publicized, used as political leverage with legislators, and followed up by educating and supporting memberships in actively implementing the policies. This can be achieved through action-oriented recommendations aimed specifically at individual health professionals, continuing education workshops, and collaborative efforts between various health professions to promote positive breastfeeding practices. Health-related associations with international partners have an important responsibility to encourage similar initiatives in developing countries.

Conclusion

Many factors need to be taken into consideration by professional associations such as CHEA that recognize their potential to influence the protection and promotion of breastfeeding worldwide, and wish to assert that proactive position. The above analysis of salient issues pertaining to infant feeding, well-grounded in current literature, provides a strong basis for this official position and for formulating resolutions for action. Home economists, with their broad scope of impact and informed family orientation, have a unique opportunity to promote breastfeeding. Home economists can promote breastfeeding through various aspects of their practice, including advising individuals, families, organizations, and businesses; disseminating information; planning, conducting, and evaluating education programs; collaborating with other health professionals; and conducting research (Berry, 1994). CHEA is committed to the protection and promotion of breastfeeding and the empowerment of parents to make an informed choice regarding infant feeding. CHEA will continue to work at international, national, provincial, and local levels toward the revitalization of breastfeeding as the cultural norm around the world.

'The term "developing countries" is used generally and according to convention. It denotes areas of the world where most people live in poverty. As poverty knows no political boundaries, it is recognized that the discussion applied to this term is also relevant to certain parts of the "developed" world, including Canada.'

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Canadian Home Economics Association Association canadienne d'économie familiale

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Énoncé de Position de l'ACd'EF sur l'allaitement maternel

Déclaration officielle

L'Association canadienne d'économie familiale adopte la position officielle suivante:

- l'allaitement exclusif sur demande constitue la méthode d'alimentation optimale pour les nourrissons, de la naissance à six mois;
- l'allaitement maternel exclusif est sans danger pour l'environnement et offre aux nourrissons une sécurité alimentaire totale;
- les risques pour la santé de l'allaitement artificiel incluent un risque accru de maladies infectieuses, de diarrhée, d'anémie et d'allergies;
- les économistes familiales sont tenues, par leur profession, de transmettre une information objective sur la supériorité du lait maternel et les risques pour la santé associés à l'allaitement artificiel;
- les économistes familiales ont pour responsabilité de promouvoir l'allaitement maternel ainsi que l'information sur l'allaitement maternel et de favoriser l'établissement d'une communauté favorable à l'allaitement maternel aux paliers national, locaux et familiaux; et
- les économistes familiales respectent et appuient le choix des femmes en ce qui concerne l'alimentation des nourrissons et font preuve d'attitudes non discriminatoires face aux décisions individuelles.

L'Association canadienne d'économie familiale sanctionne et reconnaît les intentions juridiques du Code international de commercialisation des substituts du lait maternel de l'Organisation mondiale de la santé, de la déclaration Innocenti, de la Campagne en faveur de l'allaitement maternel de l'UNICEF et de l'OMS, et des résolutions de l'Assemblée mondiale de la Santé sur l'allaitement maternel.

En 1979, l'Association canadienne d'économie familiale (ACd'EF) approuvait un énoncé de position officiel sur l'alimentation des nourrissons et des enfants «reconnaissant clairement l'allaitement maternel comme le meilleur choix possible pour les nourrissons». Ce document soulignait l'importance d'approfondir davantage les recherches sur les facteurs qui influencent les choix des mères en matière d'allaitement et recommandait aux professionnels de la santé et aux gouvernements de collaborer à la promotion de l'allaitement maternel.¹ Même si l'essence de cette déclaration originale demeure valide, des changements importants au sein de l'ACd'EF ainsi que l'adoption de politiques internationales relatives à l'allaitement maternel nous obligent à faire le point. La mission de l'ACd'EF a en effet été élargie au début des années 1980, afin d'y inclure les pays en développement.^{1*} De plus, de nombreuses politiques internationales ont été sanctionnées à l'échelle mondiale depuis le début des années 1980 et sont devenues d'importantes normes pour la promotion de l'allaitement maternel; parmi elles, on retrouve notamment le Code international de commercialisation des substituts du lait maternel de l'Organisation mondiale de la santé (Code OMS)², la *Baby Friendly Hospital Initiative (BFHI)* (campagne en faveur de l'allaitement maternel) du Fonds des Nations Unies pour l'enfance (UNICEF)³, la déclaration Innocenti⁴ et les résolutions de l'Assemblée mondiale de la Santé⁵. En 1989, l'ACd'EF approuvait officiellement le Code OMS, à la suite des inquiétudes soulevées par les infractions au Code et le boycott Nestlé⁶. Enfin, de nouvelles recherches sur l'allaitement maternel et l'émergence d'une variété de programmes de soutien à l'allaitement méritaient

que l'on y porte attention.

Ce document vient préciser et réaffirmer la position officielle de l'ACd'EF sur l'allaitement maternel, à la lumière de perspectives et d'ouvrages actuels, pertinents au Canada et aux pays en développement. Le but de ce document est de s'assurer que les économistes familiales canadiennes continuent d'avoir les connaissances et les outils nécessaires pour remplir leur mission : «... soutenir la profession de l'économie familiale et promouvoir l'amélioration de la qualité de vie des personnes et des familles au Canada et dans les pays en développement».

Situation actuelle

Les taux de morbidité et de mortalité chez les nourrissons au Canada figurent parmi les plus faibles au monde⁷. Même si des enquêtes régionales ont révélé certains taux d'allaitement maternel, aucune enquête nationale exhaustive n'a été publiée au Canada depuis 1982.⁸ Selon des compilations effectuées à partir d'enquêtes provinciales, les taux d'initiation à l'allaitement maternel avaient atteint 80 % à l'échelle nationale au début des années 1990; on notait d'ailleurs des écarts régionaux considérables (jusqu'à 90 % dans le sud-ouest de la Colombie-Britannique, 70 % en Ontario et moins de 40 % dans certaines régions du Québec et de l'est du Canada).^{9,10,11} La durée de l'allaitement maternel exclusif demeure relativement courte, tombant à environ 50 % à quatre mois et à moins de 30 % à six mois chez les femmes qui ont choisi d'allaiter.^{10,11} L'allaitement au sein, au Canada, se poursuit rarement après la première année.¹⁰ Bien que le taux d'allaitement maternel chez les Canadiennes à faibles revenus soit l'un des plus faibles en Amérique du Nord,¹² ces

taux ont tendance à augmenter avec la scolarisation et le statut socio-économique.⁹

La relation linéaire positive entre les taux d'allaitement maternel et le statut socio-économique relevés en Amérique du Nord est inversée dans les pays en développement, où les influences sociales, économiques et culturelles sont profondément différentes.¹³ Dans les pays en développement, les taux de mortalité chez les nourrissons demeurent élevés à 10 % (soit 108 décès pour 1 000 naissances), et la diarrhée est toujours l'une des principales causes évitables de mortalité chez les nourrissons et les jeunes enfants.⁷ Même si les taux d'initiation à l'allaitement maternel sont généralement supérieurs à 90 % dans la plupart des pays en développement et que les femmes continuent d'allaiter leur enfant passé sa deuxième année, d'autres pratiques soulèvent certaines inquiétudes, notamment l'introduction hâtive ou tardive d'aliments complémentaires et l'arrêt soudain de l'allaitement au sein.^{14,15,16} Même lorsque les conditions hygiéniques sont satisfaisantes, ces pratiques peuvent causer de la diarrhée, des allergies et de la malnutrition à cause de l'immaturité intestinale du nourrisson et de la production réduite de lait maternel.^{14,17} Là où les approvisionnements en eau et les conditions hygiéniques publiques sont de qualité insuffisante, l'introduction hâtive d'aliments complémentaires vient exacerber la malnutrition et la diarrhée. L'UNICEF estime que l'allaitement maternel exclusif durant les six premiers mois pourrait éviter 1,5 million de décès chez les nourrissons à l'échelle mondiale.⁷

Avantages de l'allaitement maternel

Les avantages de l'allaitement maternel, à la fois pour le bébé et la mère, sont très bien documentés. Le lait maternel est un liquide bioactif dynamique qui se transforme pour répondre aux besoins changeants du nourrisson durant toute la période de l'allaitement au sein, et même au cours d'une seule tétée.¹⁸ Parmi les avantages biomédicaux de l'allaitement au sein par rapport au lait maternisé, on note, et ce même dans les sociétés affluentes, une protection immunologique contre l'infection,^{18,21} la diminution des allergies,^{18,21} des graisses et des quantités de protéines bonnes pour les bébés humains, une composition et un équilibre de substances nutritives,^{18,20,22} des substances bioactives (p.ex., des hormones, facteurs de croissance et enzymes),^{18,22} ainsi qu'une absorption et une digestibilité maximales des substances nutritives.^{18,23} Certaines études suggèrent la réduction possible des risques de cancer infantile^{15,24} et du diabète insulino-dépendant (de type 1)^{15,25} chez les enfants qui ont été allaités. Quant aux avantages pour les mères, on note une réduction des risques de cancers du sein et de l'ovaire,^{15,26-28} ainsi qu'un espacement éventuel des grossesses relié à l'aménorrhée que provoque la lactation (les résultats sont plus fiables lorsqu'il est question d'allaitement exclusif).^{15,20} Les avantages psychosociaux incluent, notamment, des liens affectifs plus étroits entre la mère et le bébé et un développement cognitif accru chez le bébé.^{19,29} L'allaitement exclusif offre une sécurité alimentaire totale aux nourrissons, puisqu'il n'existe aucun aliment plus facilement disponible, abordable et nutritif.³⁰ On entend par allaitement exclusif l'ingestion exclusive de lait maternel par le bébé. Un allaitement exclusif durant les six premiers mois et qui se prolonge au-delà de la première année permet de maximiser les avantages conférés aux bébés et à la mère.¹⁸

On ne s'entend pas sur le moment idéal pour introduire des aliments complémentaires (ce qui représente la fin de l'allaitement exclusif). Selon les recommandations actuelles,

l'alimentation complémentaire (c'est-à-dire, la consommation d'aliments ou de liquides autres que le lait maternel) devrait débiter entre quatre et six mois, et pas plus tard que six mois après la naissance.³¹ Ces recommandations se fondent sur le rythme de croissance du nourrisson et la suffisance nutritive du lait maternel. Le nombre total de calories, les protéines, les vitamines A et D, le fer et le zinc sont particulièrement importants.³¹ Les fiches de croissance des nourrissons de l'Organisation mondiale de la santé (utilisées à l'échelle mondiale) s'appuient sur des données de référence recueillies aux États-Unis, entre 1929 et 1979, auprès d'un échantillon non représentatif de nourrissons principalement nourris au lait maternisé.³² Lorsque l'on compare les enfants nourris au sein à ces fiches de croissance normalisées, la croissance de ces derniers semble vaciller entre trois et six mois; cependant, on sait bien que les bébés nourris au sein suivent des modèles de croissance bien différents de ceux des enfants nourris au lait maternisé.³³ On a absolument besoin de données de référence plus précises pour pouvoir vraiment évaluer la croissance optimale des bébés nourris au sein.

Certains éléments d'information indiquent que les besoins énergétiques des nourrissons seraient inférieurs aux apports actuellement recommandés. L'allaitement exclusif sur demande s'est révélé tout à fait adéquat aux termes des substances nutritives essentielles et énergétiques (à l'exception de la vitamine D dans les climats nordiques)³³ jusqu'à au moins six mois.³⁴ Les mères qui choisissent le lait maternisé ou décident d'introduire une alimentation complémentaire allègent souvent l'insuffisance du lait maternel.²⁰ Toutefois, puisque la production de lait maternel diminue immédiatement après l'introduction d'une alimentation complémentaire, il est possible que ce soit l'introduction d'autres aliments ou de sucres, rondelles d'arrêt, tétines ou autres qui nuisent à la production de lait (et non pas que le lait maternel soit insuffisant au départ).^{14,20}

Le fer dans le lait maternel est hautement absorbable (50 %) par rapport à celui présent dans d'autres sources, mais l'introduction d'aliments solides peut nuire à sa biodisponibilité.³⁵ La Société canadienne de pédiatrie précise que, même si les enfants nourris exclusivement au sein ont une teneur suffisante en fer jusqu'à l'âge de neuf mois, il faudrait introduire des aliments complémentaires enrichis en fer dès l'âge de six mois (et même plus tôt si la mère cesse l'allaitement exclusif avant cet âge).³⁵ Bien que l'on reconnaisse l'importance de l'introduction en temps opportun des aliments complémentaires afin d'optimiser la santé et le développement des nourrissons,³¹ il semble que l'on puisse retirer des avantages substantiels à prolonger l'allaitement exclusif de quatre à six mois, conformément aux recommandations actuelles. Ceci est particulièrement vrai dans les pays en développement où la diarrhée et l'espacement des naissances représentent des risques majeurs pour la santé, et où les aliments complémentaires peuvent être de piètre qualité nutritive. Le *Breastfeeding Committee for Canada* recommande l'allaitement exclusif jusqu'à l'âge de six mois,³⁶ et l'*International Lactation Consultant Association* propose d'encourager les femmes à offrir uniquement du lait maternel à leur bébé durant les six premiers mois.²⁰

Les toxines environnementales, la transmission du virus de l'immunodéficience humaine (VIH) et l'alimentation des bébés prématurés représentent autant de sujets de préoccupation. On a relevé des niveaux plus élevés de toxines environnementales, telles que les BCP, les organochlorés et le mercure, dans les aliments et le lait

maternel des personnes vivant dans certaines régions du monde (p. ex., certaines parties de l'Asie et de l'Amérique du Nord et dans l'Arctique).^{37,38,39} On s'entend toutefois pour dire que les avantages physiologiques de l'allaitement au sein sont de loin supérieurs aux risques associés au transfert des toxines environnementales par le lait maternel.^{37,38,39} Selon certaines données, les facteurs immunologiques transférés dans le lait maternel peuvent protéger les bébés contre le VIH.^{20,40} On estime à 29 % les risques de transmission du VIH de la mère à l'enfant, par le lait maternel, chez les femmes infectées après l'accouchement.⁴⁰ Les risques de transmission périnatale du VIH de mères infectées avant l'accouchement semblent augmenter avec l'allaitement, sauf qu'on ne sait pas encore dans quelle proportion.⁴¹ Dans les régions où les maladies infectieuses et la malnutrition sont les principales causes de mortalité chez le nourrisson, l'OMS recommande l'allaitement au sein, indépendamment de l'état sérologique de la mère. Dans toutes les autres régions, comme les risques de transmission du VIH de la mère à l'enfant sont plus élevés que les risques associés au non-allaitement, on conseille aux mères séropositives de recourir à une solution de rechange sécuritaire.⁴¹ Enfin, en ce qui concerne l'allaitement maternel des bébés nés avant terme, les données en main suggèrent que le lait maternel peut offrir aux bébés une nutrition suffisante de même que des avantages immunologiques considérables. Il faut mener d'autres recherches afin de déterminer la méthode d'alimentation la mieux appropriée pour les bébés à divers degrés de prématurité.⁴²

Enjeux actuels : les laits maternisés

Malgré les immenses progrès réalisés au cours des ans dans la formulation et la composition des substituts du lait maternel, certains faits viennent souligner la supériorité du lait maternel pour assurer une santé optimale des bébés dans le monde. Les laits maternisés sont des liquides inertes et immuables, dont la composition en graisses et en protéines diffère sensiblement.^{17,43,44} Le lait maternisé n'est pas aussi facilement digestible que le lait maternel, et les substances nutritives ne sont pas aussi bien absorbées.⁴⁵ Les laits maternisés coûtent beaucoup plus cher que le lait maternel, même lorsqu'on tient compte du coût des aliments supplémentaires requis pour compléter l'allaitement.⁴⁶ Les troubles gastro-intestinaux, les maladies respiratoires, les maladies infectieuses, les allergies et l'anémie figurent parmi les risques pour la santé associés au lait maternisé.^{21,45}

La préparation du lait maternisé requiert certaines conditions d'hygiène et certaines variétés exigent également un mode d'usage précis. L'utilisation du lait maternisé produit des déchets environnementaux. Dans les pays en développement où l'approvisionnement en eau et les conditions d'hygiène laissent trop souvent à désirer, l'utilisation correcte des laits maternisés peut entraîner des risques et, par conséquent, une morbidité et une mortalité élevées chez les nourrissons. Les laits maternisés en poudre sont les plus courants et les moins chers dans les pays en développement; on les mélange parfois incorrectement ou avec de l'eau contaminée. Dans les pays développés, les conditions d'hygiène posent relativement peu de préoccupations, mais les avantages biomédicaux et psychosociaux du lait maternel demeurent importants pour la santé et le développement des bébés.

Les laits maternisés tentent continuellement d'imiter le lait maternel et, bientôt, on pourra même reproduire les facteurs immunologiques grâce au génie génétique.⁴⁵ Cela

n'empêche pourtant pas les compagnies de fabrication de lait maternisé d'affirmer publiquement que le lait maternel demeure la méthode d'alimentation de prédilection pour la santé optimale des nourrissons. Les recherches nous permettent heureusement de comprendre de mieux en mieux la nature et la composition du lait maternel et de l'allaitement au sein, et son effet sur la santé des bébés n'a pas encore été tout à fait élucidé.¹⁸ Il est peu probable que les laits maternisés puissent un jour imiter parfaitement le lait maternel, tant et aussi longtemps que nos connaissances du lait maternel et de l'allaitement au sein demeurent incomplètes.

Mise en marché des laits maternisés

Il est facile de faire de l'allaitement au sein la norme biologique; il est cependant très audacieux de vouloir en faire la norme culturelle dans le monde entier. Alors que d'un point de vue purement pratique, toutes les femmes sont physiquement capables de nourrir leur bébé au sein, il est nécessaire de pouvoir offrir sur le marché un lait maternisé sécuritaire et approprié dans les cas où la mère ne peut ou ne veut pas allaiter. Il faut cependant s'assurer que l'offre et la mise en marché de ces laits maternisés ne puissent, en aucun cas, nuire aux décisions des femmes quant à l'allaitement au sein (à la fois l'initiation et la durée). C'est à cette fin que l'Assemblée mondiale de la santé (AMS) adoptait le Code OMS en 1981.² Ce Code est une recommandation aux États membres de l'AMS, dont le but premier est «de protéger et de promouvoir l'allaitement au sein et de régir certaines pratiques de mise en marché relatives à ces produits». On l'envisage comme «une exigence minimale» devant être adoptée dans son intégralité par voie de législation.^{47,48}

Depuis 1981, des organismes internationaux ont adopté plusieurs résolutions dans le but de renforcer, compléter et mettre à jour le Code OMS. Elles incluent, entre autres, la campagne en faveur de l'allaitement maternel (BFHI) de l'UNICEF³, la déclaration Innocenti⁴, et diverses résolutions de l'AMS.⁵ Même si le Code OMS a été promulgué dans certains pays (p. ex., le Zimbabwe⁴⁹), un grand nombre de gouvernements (dont le Canada) l'ont mal interprété et ne l'ont mis que partiellement en oeuvre. D'ailleurs l'application du Code OMS se traduit souvent par une mise en oeuvre de certaines parties seulement et par l'utilisation d'accords volontaires. On ne considère pas ces mesures suffisantes pour protéger l'allaitement maternel, compte tenu de l'intention originale du Code OMS.^{2,47,48,50}

Les compagnies de fabrication de laits maternisés continuent d'enfreindre certains aspects du Code OMS dans le monde, principalement par la distribution d'échantillons gratuits de lait maternisé aux professionnels de la santé et dans les hôpitaux, et par l'utilisation de photos ou de représentations de bébés sur les étiquettes.^{14,51} On a eu droit, récemment, à l'émergence et à la mise en marché de laits «de sevrage» inutiles (c.-à-d. des aliments complémentaires), parce que les compagnies étaient à la recherche de failles dans le Code OMS leur permettant de continuer à commercialiser leurs produits. On croit, à tort, que ces laits «de sevrage» ne sont pas assujettis à la juridiction du Code OMS.⁵² Bien qu'il existe des ententes écrites dans les pays développés empêchant la commercialisation de masse des laits maternisés,⁵³ les compagnies continuent de recourir à diverses méthodes, telles que la distribution de dépliants publicitaires dans les cabinets de médecin et les clubs pour bébés. La commercialisation de masse des laits maternisés se poursuit dans les pays en développement, au détriment de la santé des bébés.¹⁴ Ces pratiques, et la complaisance des

gouvernements, certaines professions de la santé et certaines politiques en milieu hospitalier ont eu d'énormes répercussions négatives sur les taux d'allaitement maternel dans le monde au cours des quatre dernières décennies, et continuent de nuire à l'allaitement maternel en dépit du récent renversement des tendances.^{14,54} Les infractions au Code OMS se poursuivront tant et aussi longtemps que des lois, y compris des mécanismes de contrôle appropriés et des sanctions efficaces, ne seront pas adoptés. Les tendances actuelles vers la mondialisation des marchés et les accords de libre-échange lèvent les restrictions imposées aux sociétés multinationales, qui n'ont ainsi plus de compte à rendre au gouvernement ni à l'autorité législative. Dans un tel climat, la promulgation de lois nationales vigoureuses s'impose afin de soutenir le Code OMS.⁵⁵

Tout comme dans la plupart des pays, le gouvernement canadien n'a pas su respecter l'intention originale du Code OMS en se contentant d'appuyer les accords volontaires et en ne décrétant pas de lois.^{56,59} Un exemple du manque de succès des accords volontaires, c'est le Code de pratiques de l'Association canadienne de l'industrie des préparations pour nourrissons (CIFA)⁶⁰, une tentative en vue de l'autoréglementation de l'industrie appuyée par le ministre fédéral de la Santé en 1988 : on n'a pas restreint la publicité conformément au Code OMS, aucune limite n'a été appliquée, les plaintes n'ont pas été enregistrées ou on ne leur a pas donné suite, et la CIFA a ensuite été dissoute. Enfin, la Commission du Codex Alimentarius, un organisme international ayant beaucoup de ressources pour réglementer efficacement l'industrie de l'alimentation et des laits maternisés pour nourrissons, n'est pas objective compte tenu de la sur-représentation des compagnies d'aliments pour bébés de la plupart des pays membres, dont le Canada.^{55,61} Il est clair qu'un contrôle externe, une législation et une représentation équilibrée au sein des organismes de décision s'avèrent indispensables pour la mise en vigueur du Code par le Canada et les autres gouvernements.

Allaitement maternel : facteurs de décision et promotion

Les mères subissent des myriades d'influences lorsqu'elles doivent décider d'allaiter ou non. Cette décision, souvent prise bien avant la grossesse et l'accouchement, est complexe et reliée à la réalité culturelle.¹³ Parmi les facteurs qui influencent cette décision, on note : la connaissance et l'expérience de l'allaitement maternel, l'éducation et les niveaux d'alphabétisation, les conseils des professionnels de la santé, les politiques en vigueur dans les hôpitaux, le soutien du partenaire et de la famille, l'acceptation sociale et le soutien de la communauté, le statut social, la symbolisation des seins, les politiques en milieu de travail, la situation relative à l'emploi et l'estime de soi.^{13,62,63}

Pour être efficaces, les projets de promotion de l'allaitement maternel doivent être adaptés aux milieux complexes de prises de décisions des mères. La documentation sur la promotion de l'allaitement au sein sera efficace à condition qu'elle soit coordonnée entre diverses sources, qu'elle transmette des messages cohérents, qu'elle soit adaptée à la réalité de l'alphabétisation et dépasse la simple affirmation «nourrir au sein, c'est bien mieux».^{62,64,65} Le Code OMS précise que les documents portant sur l'alimentation des nourrissons doivent être clairs et traiter de sujets reliés aux avantages et à la supériorité du lait maternel et des risques pour la santé associés aux laits maternisés. Ces documents devraient également exclure toute forme de promotion ou de publicité de produits tels

que laits maternisés, aliments pour bébés, sucres ou biberons.^{2,65} Une enquête canadienne portant sur vingt-deux brochures traitant de l'alimentation des bébés a révélé, récemment, divers degrés d'exactitude, d'alphabétisation, d'utilisation d'approches positives et de conformité avec le Code OMS. Même si les ressources gouvernementales et des organismes sans but lucratif sont généralement plus positives, exactes et conformes au Code OMS, leur diffusion est moins large et moins accessibles que celles produites par les entreprises commerciales.⁶⁵

La culture influence considérablement les décisions des mères en ce qui concerne l'alimentation de leurs bébés. Le caractère sexuel que l'on prête à la poitrine féminine en Amérique du Nord présente un défi de taille pour la promotion de l'alimentation au sein. Alors qu'on se sert des seins pour annoncer presque tout, des voitures au cologne, ces mêmes seins deviennent «obscènes» lorsqu'on les découvre pour leur utilité première.⁶⁶ Une enquête canadienne révélait récemment que les principaux facteurs empêchant l'acceptation généralisée de l'alimentation au sein incluent, entre autres, la gêne, l'impression d'être «attachée en permanence» au bébé, des préoccupations relatives à l'image corporelle et l'opinion des amis et de la famille.⁶² Le penchant favorable au biberon est très bien ancré dans notre culture. La philosophie médicale qui a prévalu en Occident au cours des 2 000 dernières années s'est montrée sceptique à l'égard de la qualité et de la pertinence du lait maternel⁶⁷; même les livres pour enfants démontrent abondamment le biberon comme la norme pour les humains et, curieusement, même pour certaines espèces animales.⁶⁸

On accorde une très grande importance au choix individuel dans notre culture, ce dont toute campagne de promotion doit tenir compte pour éviter toute référence à la culpabilité ou toute suggestion de «mauvaise mère». Pour respecter les choix individuels, il est nécessaire de transmettre toute l'information nécessaire aux parents, afin qu'ils soient en mesure de prendre une décision éclairée. D'après le Code OMS, il est important de présenter une information claire et objective sur la supériorité de l'allaitement au sein et les risques associés aux laits maternisés.^{2,69} La présentation ouverte et non discriminatoire des faits peut contribuer à la réduction des risques de culpabilité, puisque les parents sont alors libres de prendre une décision éclairée.⁷⁰ Des discussions ouvertes sur diverses préoccupations, telles que le retour au travail, les influences de la famille et des amis, la gêne et la crainte de ne pas avoir suffisamment de lait, peuvent réussir à rassurer les parents et à montrer l'allaitement au sein comme la meilleure option possible.⁷¹ Différents réseaux de soutien animés par des pairs, telle la Ligue internationale de la lèche, réussissent également à promouvoir l'allaitement maternel sans pour autant susciter de sentiments de culpabilité chez les femmes qui choisissent de ne pas allaiter. La Ligue la lèche a pour politique d'appuyer les mères, peu importe la nature de leur décision, aussi longtemps qu'elles en manifestent le besoin.

Dans les pays en développement, alors que l'ensemble de la société accepte que les mères se découvrent la poitrine pour allaiter leurs enfants, l'allaitement exclusif en soit est perçu comme nettement insuffisant.¹⁴ L'utilisation des laits maternisés dans les pays en développement a également de sérieuses répercussions sur le statut social; les femmes vivant en milieu urbain qui travaillent à l'extérieur du foyer et peuvent compter sur un revenu plus élevé démontrent leur statut en utilisant le biberon.⁷² La modification des normes culturelles à l'aide de stratégies de marketing social bien

étayées et de projets communautaires comme la Semaine mondiale de l'allaitement maternel,⁷³ les communautés favorables à l'allaitement et les groupes de soutien locaux peuvent contribuer de façon significative à l'établissement de l'allaitement au sein comme norme culturelle mondiale. Plusieurs organismes ont déjà réussi à mettre sur pied des projets culturels efficaces pour promouvoir l'allaitement au sein, tant au Canada qu'à l'échelle internationale; parmi ces organismes, on note la Ligue internationale de la lèche, le comité canadien pour l'allaitement (*Breastfeeding Committee for Canada* [Santé Canada], l'*Infant Feeding Action Coalition* [INFACT]), le Réseau international des groupes d'action pour l'alimentation infantile en Afrique, et bien d'autres. De tels efforts requièrent une expansion et un soutien accru afin de mieux coordonner les projets et de mieux les adapter aux réalités culturelles.

Une analyse des droits de la personne sur l'allaitement maternel a suscité des débats intéressants sur le droit des enfants à une santé optimale, le droit des femmes de choisir si elles veulent allaiter ou non et la possibilité d'allaiter en public.^{72,74} En Amérique du Nord, on demande aux femmes qui allaitent de quitter les endroits publics; certaines ont même été arrêtées pour avoir allaité leur bébé en public.⁷² La perspective selon laquelle l'allaitement au sein constitue un droit de la personne pour les bébés et pour les mères offre une autre tribune pour faire pression auprès des législateurs. Certains états américains ont promulgué une loi sur les droits de la personne afin de «décriminaliser» le dévoilement des seins dans le cas des femmes qui allaitent.⁷²

Le rôle des professionnels de la santé dans la promotion de l'allaitement maternel

Les politiques des organismes de santé et les attitudes des professionnels de la santé ont des répercussions substantielles sur les décisions des mères et la vraisemblance de leur promulgation.^{75,76} Les professionnels de la santé sont très bien placés pour aider les mères à prendre des décisions éclairées sur l'alimentation de leur bébé, compte tenu du nombre de rencontres avant et après la naissance. Les médecins, en particulier, peuvent grandement influencer l'industrie du lait maternisé, puisqu'ils représentent la principale cible de marketing.⁷⁸ Les attitudes des médecins et des mères sur l'allaitement maternel sont étroitement reliées; toutefois, des études indiquent que seule une minorité de femmes mentionnent avoir reçu des conseils de leurs médecins et que l'information transmise par les divers professionnels de la santé est souvent perçue comme étant conflictuelle.⁷⁶

Les politiques en vigueur dans les hôpitaux sur la cohabitation, l'information et le soutien concernant l'allaitement maternel immédiatement après l'accouchement, les horaires des tétées, les aliments supplémentaires et les paquets-cadeaux influencent aussi beaucoup le succès de l'initiation à l'allaitement maternel.^{76,77} Pour susciter un milieu favorisant l'allaitement maternel dans les hôpitaux du monde entier, l'UNICEF lançait, en 1991, une campagne en faveur de l'allaitement maternel (*BFHI*); cette démarche était administrée par une autorité nationale et comprenait une enquête sur l'évaluation des besoins, une évaluation externe et une équipe de surveillance de même que des programmes de suivi à la formation.⁷⁶ Même si environ 8 000 hôpitaux dans le monde ont été désignés, en juillet 1996, comme favorisant l'allaitement maternel,⁷⁹ les progrès réalisés jusqu'à maintenant ont été lents.

Au Canada, seulement 60 % des hôpitaux offrant des soins «en maternité» ont une politique d'allaitement maternel. De ceux-là, 4,6 % seulement se conforment à tous les aspects de la campagne en faveur de l'allaitement maternel, et 1,3 % au *BFHI* et au Code OMS.⁸⁰ L'Association des hôpitaux de l'Ontario a rédigé un manuel sur la promotion de l'allaitement maternel, mais elle ne sanctionne pas précisément la *BFHI* ni le Code OMS.⁶⁴ Une étude réalisée dans quatre pays en développement a révélé que l'on sépare encore les nouveaux-nés de leur mère après leur naissance en milieu hospitalier, dans une proportion variant de 15 % en Colombie à 81 % en Indonésie. Ainsi, 25 à 50 % des bébés nés dans des hôpitaux à Nairobi, en Colombie, en Indonésie et en Thaïlande reçoivent leur premier boire (lait maternisé ou eau sucrée) des mains d'un médecin ou d'une infirmière.¹⁴ Les hôpitaux dans les pays en développement sont particulièrement vulnérables aux marchés lucratifs conclus avec des compagnies de lait maternisé et requièrent un soutien du gouvernement et des professionnels de la santé afin de favoriser davantage l'allaitement maternel. Il appert que les professionnels de la santé et les organismes de santé, au Canada et ailleurs, doivent prendre des mesures énergiques pour s'acquitter des mandats de promotion de l'allaitement maternel sanctionnés partout dans le monde.

L'adoption de politiques officielles et de normes de pratique correspondantes permet d'élargir et d'améliorer le rôle des professionnels de la santé en ce qui a trait à la promotion de l'allaitement maternel. Des énoncés de politique appuyant l'allaitement maternel et les résolutions internationales susmentionnées ont été rédigés par la plupart des associations canadiennes de professionnels de la santé et des organismes connexes, notamment l'Association canadienne d'économie familiale,¹ l'Association canadienne des diététistes,¹⁰ la Société canadienne de pédiatrie,¹¹ le comité canadien sur l'allaitement (*Breastfeeding Committee for Canada*) et l'Association pharmaceutique canadienne.⁸¹ De telles déclarations officielles représentent un premier pas important; leur effet demeurera toutefois limité, à moins qu'elles ne soient largement publicisées et utilisées comme levier politique auprès des législateurs, et tant qu'on n'instaurera pas un suivi en formant et en aidant les membres à mettre ces politiques en vigueur. Cela peut se faire au moyen de recommandations pragmatiques axées principalement sur les professionnels de la santé, d'ateliers de perfectionnement professionnel et d'une collaboration entre les diverses professions de la santé en vue de la promotion de pratiques positives en matière d'allaitement maternel. Il est important que les associations de santé qui ont des partenaires internationaux encouragent des initiatives similaires dans des pays en développement.

Conclusion

Un grand nombre de facteurs doivent être pris en considération par des associations professionnelles, telle l'ACd'EF, qui reconnaissent leur capacité d'influencer la protection et la promotion de l'allaitement maternel à l'échelle mondiale et désirent affirmer cette position proactive. L'analyse susmentionnée des faits saillants sur l'alimentation des nourrissons s'appuie largement sur la documentation actuelle et fournit une base solide à cette position officielle et à la formulation de résolutions pratiques. Les économistes familiales, grâce à la portée de leur rôle et à leur orientation familiale éclairée, ont une occasion unique de promouvoir l'allaitement maternel, et ce à l'aide de divers aspects de leur pratique : en conseillant les personnes,

les familles, les organismes et les entreprises; en diffusant de l'information; en planifiant, offrant et évaluant des programmes d'éducation; en collaborant avec d'autres professionnels de la santé et en menant des recherches.⁸² L'ACd'EF s'est engagée à protéger et à promouvoir l'allaitement maternel ainsi qu'à habiliter les parents à prendre des décisions éclairées en ce qui concerne l'alimentation de leurs nourrissons. L'ACd'EF continuera de travailler, aux plans international, national, provincial et local, à la revitalisation de l'allaitement maternel afin d'en faire la norme culturelle partout dans le monde.

^{1*} Le terme «pays en développement» est utilisé de façon générique et est conforme à la convention. Il décrit des régions du monde où la plupart des habitants vivent dans un état de pauvreté. La pauvreté ne connaissant pas de frontières politiques, il est reconnu que la discussion qui s'applique à ce terme est également pertinente pour certaines régions des pays «développés», y compris le Canada.

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Call for Teaching Ideas

First *Home Economics / Family Studies Educational Annual*

to be published Spring, 1998

Inspired by a conference session, a workshop, a course assignment you completed this summer? Enthusiastic about a new creative teaching strategy you are anxious to introduce to your students this year? Willing to share your best ideas with home economics/family studies educators across Canada? **THIS CALL IS FOR YOU.**

The Home Economists in Education, a Professional Practice Group of the Canadian Home Economics Association/L'Association canadienne d'économie familiale is planning its first *Home Economics/Family Studies Education Annual*. The *Annual* will be a collection of the best, current, and innovative ideas, activities, and lesson plans for the teaching of home economics/family studies education from across Canada. In order to share the most worthwhile and exciting teaching strategies to facilitate learning, the editorial board welcomes submissions from home economics/family studies educators (student teachers, teachers, university educators, curriculum developers).

Ideas (1-5 pages) may take the form of a **description** of an activity/lesson, an **actual** lesson, an **activity**, or a particular teaching **strategy**. All submissions must be original or, if modified/adapted, the original source must be referenced. In some cases, copyright permission may need to be obtained and evidence of this must accompany the manuscript. Please note that permission fees are the responsibility of the contributor. The *Annual* will use APA Style for works cited and references suggested. Submission to the *Annual* implies the work has not been published previously and is **not** now under review by another publisher.

Send three copies of the manuscript, double-spaced. Please send a diskette (Macintosh, IBM, or IBM-compatible) indicating the computer and software used in case the manuscript is accepted for publication.

Deadline for submissions is **revised to January 16, 1988**.
Submissions for this *Annual* should be sent to:

Dr. Annabelle Slocum
Faculty of Education, University of Western Ontario
1137 Western Road, London, Ontario, N6G 1G7
Fax: 519-661-3833, Phone: (519) 661-2083

Current Literature

compiled by *Debbie MacLellan*

Clothing & Textiles/Textiles et habillement

Environmental Influences on Dress: Creek Nation, 1885-1900.

Richards, L., Farr, C. & Gaitros, C. (1997). *Family and Consumer Sciences Research Journal*, 25(4), 369-389. © 1997 American Association of Family and Consumer Sciences.

Women's day dress from the Creek Indian Nation (1885-1900) was studied to ascertain the degree to which it paralleled dress being promulgated as fashionable in eastern US newspapers and reprinted as fashion news in Creek Nation newspapers. The results indicated that dresses actually worn in the Creek Nation contained (a) more ease, (b) simpler construction, (c) garment components requiring less fabric yardage, and (d) more durable trims than those dresses publicized as being fashionable. The investigators concluded that these differences reflected the rigorous Creek Nation environment. The results substantiated that the mere promotion of a fashion product to a targeted market does not ensure consumer acquisition or purchase behaviour if that product is not congruent with the environmental conditions, needs, and values of the targeted population.

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A Method to Identify Occupational Stereotypes.

Workman, J.E. & Freeburg, E.W. (1997). *Family and Consumer Sciences Research Journal*, 25 (4), 390-411. © 1997 American Association of Family and Consumer Sciences.

The purpose of this research was to develop a method to identify occupational stereotypes and to use that method to investigate the content of one occupational stereotype. The method developed included the use of multiple sources of data (both qualitative and quantitative), multiple methods of analysis, and manifold evidence of validity. Data sources included the popular press, human subject responses, and cartoons. Clothing and appearance cues and personal attributes, which were components of the stereotype, were identified and analyzed using statistical techniques. Content-, criterion-, and construct-related sources provided evidence to infer validity of the content, and the method used to identify the content, of an occupational stereotype.

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Bronfenbrenner's Ecological Systems Model and the Use of Imported Madras Cloth Among the Kalabari.

Eicher, J.B. & Erekosima T.V. (1997) *Family and Consumer Sciences Research Journal*, 25 (4), 412-431. © 1997 American Association of Family and Consumer Sciences.

The father of a Kalabari newborn child in Nigeria ceremo-

niously delivers a piece of Indian Madras cloth to the mother of the child to carry it. This personal emblem of entry into society also marks the individual's departure from life when family mourners dress the corpse for burial. We assess the significance of Kalabari involvement with a material culture item, Indian madras cloth, by placing it in the context of an ecological systems model first outlined and later revised by Urie Bronfenbrenner. Bronfenbrenner's model provides a framework for understanding the significance of material items in the life of a people. Our application of the study of a textile demonstrates the usefulness of the model. We also recommend that the model be extended because individuals in any cultural group exist within a global context of production and trade.

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Family/Consumer Studies La Famille/Consommation et gestion

Financial Planning Education Throughout the Life Cycle.

O'Neill, B. & Brennan, P.Q. (1997). *Journal of Family and Consumer Sciences*, 89 (2), 32-36.

Financial planning is the process of defining financial goals and developing and implementing a plan of action to achieve them. Financial plans are subject to review and modification as individual or family goals and economic conditions change. Another cause of changes in financial plans is passage of households through stages of the life cycle. At each stage, unique financial tasks and life events are experienced. This article will discuss characteristics of five age groups and curricula developed to address their unique financial needs. Ten planning tips for each cohort as well as five implications for Family and Consumer Sciences professionals are reviewed.

Reprinted with permission from *Journal of Family and Consumer Sciences*.

Developing Considerations in Designing Parenting Education for Adolescent Parents.

Abell, E. & Ludwig, K.B. (1997). *Journal of Family and Consumer Sciences*, 89 (2), 41-44.

This article reviews how life situations of adolescent parents differ from the prototypical parent for whom parent education is most often designed. The fact that early parenthood may interrupt progress on the tasks of adolescence suggests that programming to support teens in their parenting should explicitly consider the connection between the tasks of parenthood and the tasks of adolescence. Implications of the differences between the developmental tasks of adoles-

cence and the primary tasks of parenthood lead the authors to offer suggestions for addressing this connection in the development of adolescent parent education curricula.

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The New Right, Gender and the Fisheries Crisis: Local and Global Dimensions.

Neis, B. & Williams, S. (1997). *Atlantis*, 21(2), 47-62.

This paper discusses the social impacts of the Atlantic fisheries crisis, the ways those impacts are being mediated by New Right policy initiatives, and the gendered outcomes of these processes. Greater involvement of women in decision-making could contribute to building a more socially and ecologically sustainable relationship with our marine resources.

Reprinted with permission from *Atlantis: A Women's Studies Journal*.

Drug Use and Violent Crime Among Adolescents.

Dawkins, M.P. (1997). *Adolescence*, 32 (126), 395-404.

This study examines the extent to which alcohol and other drug use is related to violent and nonviolent criminal activity among adolescent males. Based on data collected from 312 youthful offenders at a public juvenile facility, the findings reveal that in comparison to marijuana and heroin, alcohol use is more strongly and consistently associated with both violent and nonviolent offenses. When other factors are introduced into the analysis, the results show that while an adolescent's criminal history and racial identity are relatively more important in predicting criminal activity overall, the effect of substance use (especially alcohol and marijuana) continues to be present.

Reprinted with permission from *Adolescence*.

Supplementary listing of articles:

Feeding Families in Harris' Ontario: Women, the Tsubouchie Diet and the Politics of Restructuring. MacGregor, M. (1997). *Atlantis*, 21 (2), 93-110.

Explorations in a Proposed National Policy for Children and Families. Chung, W. & Pardeck, T. (1997). *Adolescence*, 32 (126), 429-436.

Foods and Nutrition/ Alimentation et nutrition

Nutrition Education for Social Change: Critical Perspective.

Travers, K.D. (1997). *Journal of Nutrition Education*, 29 (2), 57-62.

A paucity of research making use of theories that examine the social world as the source of nutritional problems suggests a need to examine alternate theories for nutrition education. This viewpoint builds an argument for the potential contributions of critical social science to nutrition education research and practice. A review of the assumptions of critical social science follows a critique of traditional theories. A case study of reducing inequities through nutrition education for social change illustrates the application of

critical social science. The argument concludes that research from a critical perspective can help to inform an empowering nutrition education practice.

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Children's Interpretation of Nutrition Messages.

Lytle, L.A., Eldridge, A.L., Kotz, K., Piper, J., Williams, S. & Kalina, B. (1997). *Journal of Nutrition Education*, 29 (3), 128-136.

The purpose of this research was to further our understanding of how children understand and use nutrition messages. As part of formative assessment for the development of nutrition messages for elementary age school children, focus groups and one-on-one interviews were conducted with 141 students, grades K to 6. Children were asked to interpret the messages found in the Dietary Guidelines for Americans and the Food Guide Pyramid and to indicate how they use food labels. In addition, they were asked to discuss their opinion of "good and bad foods" and "dieting" and to link specific foods with nutrition terms. Differences by cognitive development were found with younger children having more difficulty interpreting more abstract terms such as "variety" and "healthy weight." Children in grades 3 to 6 who were asked about reading food labels had difficulty describing how they use labels and offered unrealistic criteria for determining the acceptability of food based on label information. While younger children freely used terms such as "low fat" or "low sugar," they had difficulty in naming three foods within those categories. Our research suggests that nutrition messages need to be developmentally appropriate and give specific behavioural messages in order to positively inform the eating choices of children.

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Lower-fat Menu Items in Restaurants Satisfy Customers.

Fitzpatrick, M.P., Chapman, G.E. & Barr, S.I. (1997). *Journal of the American Dietetic Association*, 97 (5), 510-514.

Objective To evaluate a restaurant-based nutrition program by measuring customer satisfaction with lower-fat menu items and assessing patrons' reactions to the program.

Design and setting Questionnaires to assess satisfaction with menu items were administered to patrons in eight of the nine restaurants that volunteered to participate in the nutrition program. One patron from each participating restaurant was randomly selected for a semistructured interview about nutrition programming in restaurants.

Subjects Persons dining in eight participating restaurants over a 1-week period ($n=686$).

Statistical analyses performed Independent samples *t* tests were used to compare respondents' satisfaction with lower-fat and regular menu items. Two-way analysis of variance tests were completed using overall satisfaction as the dependent variable and menu-item classification (i.e. lower fat or regular), and one of eight other menu items and respondent characteristics as independent variables. Qualitative

methods were used to analyze interview transcripts.

Results Of 1,127 menu items rated for satisfaction, 205 were lower fat, 878 were regular, and 44 were of unknown classification. Customers were significantly more satisfied with lower-fat than with regular menu items ($P < .001$). Overall satisfaction did not vary by any of the other independent variables. Interview results indicate the importance of restaurant dining as an indulgent experience.

Conclusions High satisfaction with lower-fat menu items suggests that customers will support restaurants providing such choices. Dietitians can use these findings to encourage restaurateurs to include lower-fat choices on their menus, and to assure clients that their expectations of being indulged are not incompatible with these choices.

Reprinted with permission from *Journal of the American Dietetic Association*.

Calcium and Vitamin D Intakes of Women and Their Daughters: Distribution by Food Groups and Meals.

Couturier, M. & Imbach, A. (1997). *Journal of the Canadian Dietetic Association*, 58 (2), 77-83.

Calcium and vitamin D intakes were evaluated in 142 French Quebecer women (mean age = 53.4 y) and in 70 of their daughters over 18 (mean age = 26.6 y). The older group had participated 10 years ago in a study on bone density and its determinants in premenopause. For the present study, all participants completed five-day food records. Mean total calcium and vitamin D intakes, including supplements, met recommendations for both the mothers (1053 mg and 5.8 µg, respectively) and the daughters (941 mg and 4.8 µg, respectively). Milk and milk products were the major dietary contributors of calcium and vitamin D. Slightly more calcium was consumed at dinner, while breakfast provided more vitamin D. Forty per cent of the older group and 10% of the younger subjects took calcium and/or vitamin D supplements; among daughters who were supplement users, 57% of their mothers also consumed supplements. We observed mother-daughter correlations for calcium intakes from milk products, fruits, vegetables, beans and nuts and for vitamin D intakes from milk products. These results suggest that the food habits of mothers approaching or in early menopause reflect on those of their young adult daughters.

Reprinted with permission from *Journal of the Canadian Dietetic Association*.

Les apports en calcium et vitamine D ont été évalués chez 142 femmes québécoises francophones (âge moyen = 53,4 ans) et chez 70 de leur filles âgées d'au moins 18 (âge moyen = 26,6 ans). Les 142 femmes avaient participé 10 ans plus tôt à une étude sur les facteurs influençant la densité osseuse en préménopause. Pour la présente étude, chaque participante a rempli un journal alimentaire de 5 jours. Les apports moyens en calcium et vitamine D satisfaisaient aux ANR et se situaient respectivement à 1053 mg et 5,8 µg chez les femmes plus âgées et 941 mg et 4,8 µg chez les plus jeunes. Les produits laitiers constituaient la principale source de calcium et de vitamine D. L'apport en calcium était légèrement plus élevé au souper alors que plus de vitamine D était consommée au déjeuner. Quarante pourcent des femmes du premier groupe et 10% de celles du deuxième consommaient des suppléments de calcium et/ou de vitamine D; chez les filles, 57% de leurs mères en consommaient

aussi. Des corrélations mères-filles ont été observées entre les apports en calcium des produits laitiers, des fruits, des légumes, des noix et légumineuses, ainsi qu'entre les apports en vitamine D des produits laitiers. Cette étude suggère que les habitudes alimentaires de femmes approchant de la ménopause ou dans les premières années de celle-ci se reflètent sur l'alimentation de leurs filles d'âge adulte.

Réimprimé avec permission de *Revue de l'Association canadienne des diététistes*.

Supplementary listing of articles:

Vitamin E and Cardiovascular Disease. Tangney, C. (1997). *Nutrition Today*, 32 (1), 13-22.

Food Intake of Immigrants and Non-immigrants in Ontario: Food Group Comparison with the Recommendations of the 1992 Canada's Food Guide to Healthy Eating. Pomerleau, J., Ostbye, T. & Bright-See, E. (1997). *Journal of the Canadian Dietetic Association*, 58 (2), 68-76.

New Developments...

compiled by Nancy E. Reddin

... In Resources

Self-Employment for Women

Eight Steps to Self-Employment: A Practical Guide for Women is a 104-page resource guide that uses a step-by-step approach to help would-be women entrepreneurs develop a business plan. Cost is \$5 plus \$2.50 for postage.

Contact: The Women's Centre, Hopedale Mall, Suite 301, 1515 Rebecca Street, Oakville, Ontario, L6L 5G8; phone:(905)847-9104; fax: 905-847-7413.

Caffeine

The latest science-based information on caffeine and health is highlighted in a new consumer brochure, *Everything You Need to Know About Caffeine*, from the International Food Information Council Foundation. To request a free copy, send a self-addressed, stamped (US) envelope to the Foundation, or view it on the IFIC Internet site.

Contact: Everything You Need to Know About Caffeine, IFIC Foundation, P.O. Box 65708, Washington, D.C. 20035; internet: <http://ificinfo.health.org>

Child and Youth Development

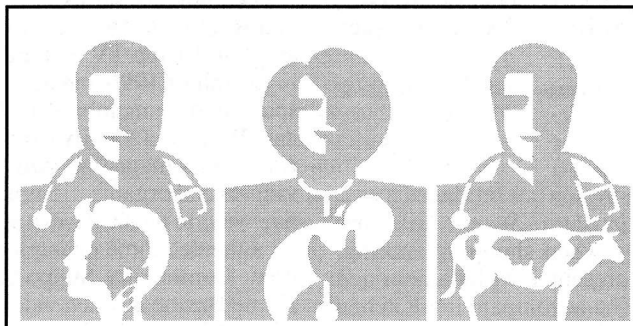
Health Canada has released *Turning Points: The National Goals for Healthy Child and Youth Development*. This framework document is based on a well-researched view of the determinants of health. It can be used to create strategies to foster healthy child and youth development and to promote cross-sectoral collaboration among people working in health, social services, child welfare, justice, education, and business. It also provides a basic overview of key concepts and issues related to child and youth health and can be used as an educational document.

Contact: Family and Child Health Unit, Health Canada; phone:(613)957-3436; fax:613-954-3358.

L'insémination artificielle avec donneur : un secret de famille et de société

Par Catherine des Rivières-Pigeon. Les Cahiers de recherche du GREMF, Cahier 78. Cette recherche qualitative explore les aspects sociaux et familiaux du secret qui entoure l'insémination artificielle avec donneur (IAD). Le discours social comporte un double message selon lequel l'IAD est en dehors de la norme, ce qui incite au secret, mais établit le «secret de famille» comme allant à l'encontre des valeurs sociales. L'attitude ambivalente des parents par IAD face à la révélation de leur mode de conception est le reflet de cette contradiction. 9 \$ + 2 \$ de frais de poste.

Le sexisme dans le langage : points de vue féministes
Sous la direction de Hélène Dumais. Le GREMF édite,



Cahier 13. Conférences présentées dans le cadre du colloque international «La recherche féministe dans la francophonie : état de la situation et pistes de collaboration» organisé par la Chaire d'étude sur la condition des femmes de l'Université Laval, Québec, du 24 au 28 septembre 1996. 7 \$ + 2 \$ de frais de poste.

Contacteur : Les Cahiers de recherche du GREMF, Faculté des sciences sociales, Édifice Jean-Durand, bureau 3800, Université Laval, Cité universitaire, Québec, Canada G1K 7P4 Tél.: 418-656-2131 poste 5421. Téléc.: 418-656-3266.

Réimprimé de : *Bulletin de l'Institut canadien de recherches (ICREF)*, été 1997, p. 5.

Au nom du développement : démystifier population, pauvreté et développement

Cette publication d'Inter Pares est basée sur plus de quinze ans de travail en collaboration avec des groupes de femmes et organisations populaires du Tiers monde et du Canada. Ce document remet en cause le contrôle de la population en tant que stratégie anti-pauvreté ou encore en tant que réponse adéquate aux besoins des femmes en matière de santé. 8 \$ (6 \$ pour dix copies et plus).

Contacteur : Fédération du Québec pour le planning des naissances, 4428, boulevard St-Laurent, bureau 302, Montréal (Québec) H2W 1Z5.

Réimprimé de : *Bulletin de l'Institut canadien de recherches (ICREF)*, été 1997, p. 5.

Flavoured Oils

Canola Information Service's latest free recipe brochure, *Flavored Oils! Clearly Canola!*, explains the two methods of making flavoured oils: cold fusion and warm fusion. It gives tips on food safety and includes recipes for herb oil, garlic oil, chili oil, and two versions of pesto, as well as a chart comparing dietary fats.

Contact: Canola Information Service, Box 1645, Lloydminster, Saskatchewan, S9V 1K6; phone:(306)387-6610; fax:306-387-6637; e-mail: canola@sk.sympatico.ca

Blended Families

The Art of Living Better in a Recombined Family addresses the social fact that many marriages today come complete with children from a former union. This 19-page brochure is full of information and ideas on how parents and step-parents can help children feel comfortable in a recombined family. Both English and French versions of the brochure are available from: Conseil de la Famille at 875, Grande Allée Est, Édifice H, 3e étage, Québec (Québec) G1R 5W5. Call (418)646-7678 or (514)873-1292. Fax to 418-643-9832.

Reprinted from: *Transition*, June 1997, p. 3. Ottawa: The Vanier Institute of the Family.

Un recomposition familiale

L'art de mieux vivre une recomposition familiale traite de la réalité sociale voulant que de nombreux mariages aujourd'hui débutent avec les enfants d'une union antérieure. La brochure gratuite de 19 pages regorge d'information et d'idées sur comment les parents et les beaux-parents peuvent aider les enfants à se sentir à l'aise dans une famille reconstituée. La version française ou anglaise de la brochure est disponible auprès du Conseil de la famille, 875, Grande Allée est, Édifice H, 3^e étage, Québec (Québec) G1R 5W5. Composez le (418)646-7678, le (514)873-1292 ou télécopiez au (418)643-9832.

Réimprimé de: *Transition*, juin 1997, p. 3. Ottawa: L'Institut Vanier de la famille.

Food Safety

The US Food and Drug Administration has produced a new video on kitchen food safety, *Dirty Little Secrets*. Information on safe practices to follow when shopping, storing, preparing, and cooking food is presented with humour and a quick pace in 8 1/2 minutes. The accompanying Kitchen Food Safety Test rates home food safety practices. Cost is \$8.95 (US).

Contact: Interface Video Systems, P.O. Box 57138, Washington, D.C. 20037; phone:(202)861-0500; fax:202-296-4492.

"It's Your Health"

Health Protection Branch of Health Canada has revised nine of its "It's Your Health" factsheets, including ones on safe handling of turkey and of eggs. Several other titles are now out of date, and two new factsheets, on the topics of eye surgery and toxic substances, have been produced. All the factsheets will also be on the Internet this fall.

Contact: Health Protection Branch, Health Canada; phone:(416)973-1447; internet: www.hwc.ca

Nutrient Analysis

The 1997 update of the *Canadian Nutrient File* has been released by Health Canada. It contains values for 115 nutrients in 4,668 foods. Values for baby foods, baked goods, B.C. grain-fed veal, breakfast cereals, snacks, sweets, and Canadian chicken, margarines, pork, and processed meats have been revised. The data base is available on 3 1/2" disks in ASCII or DBF; cost is \$150 for a single user, \$300 for multi-users, and \$500 for resale or distribution. Separate software is required.

Contact: Josie Deeks, Nutrition Research Division, Health Canada; phone:(613)957-0926; fax: 613-941-6182; e-mail: josie_deeks@inet.hwc.ca

Family Studies Database and Women's Resources

Now available on one CD-ROM are two resources, the *Family Studies Database* (formerly produced in print by the National Council on Family Relations as the *Inventory of Marriage & Family Literature*) and the *Australian Family & Society Abstracts* produced by the Australian Institute of Family Studies. This CD-ROM provides over 167,000 abstracts and bibliographic records since 1970 from the research, policy, and practice literature in the fields of Family Science, Human Ecology, and Human Development. Annual subscription with quarterly updates is US \$695, plus shipping and handling (30-day free trial).

Also available on CD-ROM is *Women's Resources International*, over 116,000 records (1972 - present) drawn from eight women's studies databases, including *Women's*

Studies Abstracts and *Women's Health and Development: An Annotated Bibliography*. Cost is US \$895, plus shipping and handling.

Contact: National Information Services Corporation, Wyman Towers, 3100 St. Paul Street, Baltimore, Maryland 21218; phone:(410)243-0797; fax: 410-243-0982; e-mail: sales@nisc.com; internet: http://www.nisc.com

Families and Work

A documentary series of thirteen half-hour television programs, *Double Duty*, is now available on VHS. The series aired on Vision TV and the Women's Television Network in the fall of 1996 and again in the winter of 1997 and was sponsored by members of The Conference Board of Canada's Work and Family Council, The Ford Motor Company, *Chatelaine* magazine, and others. The series profiles individuals and organizations across Canada exploring innovative ways to balance work and family. Each episode is based on a theme; some examples are Taking Care of Our Children, Community Support for Families, Telecommuting/Home Business. Each video costs \$29 (total series is \$329) plus GST and \$5.00 shipping.

Contact: Woodlawn Communications Inc., 59 Woodlawn Avenue West, Toronto, Ontario M4V 1G6; phone:(416)928-5903; fax: 416-928-5903 or 416-944-3466.

Sexual Assault

The Sexual Assault Recovery Anonymous Society is a registered charitable organization which focuses on building self-help or mutual aid groups for survivors of sexual abuse and creating materials for the prevention of sexual abuse. Included on their Materials List are brochures, e.g., "Teen Talk," a cartoon pamphlet with dialogue between teens about sexual abuse; books, e.g., *An Educational Manual: Preventive Education on Family Violence for Senior Secondary Students*; and videos, e.g., *Disclosure: The Child Within*.

Contact: SARA Society, P.O. Box 16, Surrey, B.C. V3T 4W4; phone:(604)584-2626; fax: 604-584-2888.

Using Bread Machines

Quality Professional Services is a business owned by a Canadian home economist and dedicated to the users of electric bread machines. Its primary focus is recipe development and testing, but it has expanded into product evaluation, nutritional analysis of recipes, and writing for recipe manuals. Its newest venture is publishing a newsletter for bread machine owners, *The Bread Basket* (\$14 for 6 issues), and 3 brochures, *Wrap and Spread Recipes*, *Country Grain Hearth Breads*, and *Sourdough Bread Machine Recipes* (\$3 plus GST and SASE).

Contact: Donna J. Washurn, PHEc, Quality Professional Services, 1655 County Road 2, Mallorytown, Ontario K0E 1R0; phone/fax:(613)923-2116; e-mail: DJW@Recorder.ca; internet: http://www.Recorder.ca/QPS

Volunteerism

The Volunteer Centre of Metro Toronto has available a number of publications and resources. *Take Back Your School* is a resource guide for planning and implementing an effective school violence prevention program. *Getting Started* is a how-to manual for establishing a successful volunteer program or revitalizing an existing one. *Youth Volunteers in Action* is a video answering the most common questions students ask about volunteering. Cost for each of

these resources is \$15 (GST included) plus \$4 for shipping and handling. Other resources consider topics such as volunteers from the multicultural community, the benefits of volunteering for people new to Canada or unemployed, and volunteering during retirement.

Contact: Volunteer Centre of Metropolitan Toronto, Training Department, 344 Bloor Street West, Suite 207, Toronto, Ontario M5S 3A7; phone:(416)961-6888; fax: 416-961-6859.

Electronic Highway

The National Institute of Nutrition (<http://www.nin.ca>) includes articles on the food habits and concerns of teenage children and recently was named "Pick of the Week" by the Arbor Nutrition Guide.

Information about a contest looking for the best nutrition education idea promoting consumption of grains can be found at the Grains Nutrition Information Center (<http://www.wheatfoods.org>).

The Canola Information Service (<http://www.canolainfo.org>) includes recipes, media releases, historical and nutritional information about canola, an online order form for resources, and a canola photo library.

The Saskatchewan Pulse Crop Development Board (<http://www.vsource.com/saskpulse>) features four commodities — lentils, peas, beans, and chickpeas — and includes information on human nutrition, statistics, and directions for ordering the Board's cookbooks.

Ability Online (<http://www.ablelink.org>) is a national electronic mail system that allows children and teenagers with a disability or chronic illness to connect with others. Its 40-plus conference areas include ones for parents and siblings of kids with disabilities.

Parenting websites available through Sympatico's Home Page include At-Home-Dad (<http://www.familyinternet.com/dad/dad.htm>), *Today's Parent* magazine (<http://www.todayparent.com/>) and Mom & Pop Get Wired (<http://www.mompop.com/>).

Women's Studies Librarian at the University of Wisconsin (<http://www.library.wisc.edu/libraries/womensstudies>) includes Core Lists in Women's Studies on such topics as ageing, feminist pedagogy, health, and mass media.

... In Products

Fat-Free Foods

As of June 10, 1997, the definition for "fat-free" in Canadian foods became "less than 0.5 g fat per reference amount and per stated serving of food." This change makes Canadian labels similar to American ones; previously, "fat-free" in Canada meant 0.1 g fat/100 g food or less. However, the Canadian system of rounding to the nearest 0.1 g for amounts less than 10 g was retained; in the U.S., the amount of fat reported on the nutrient content panel is rounded to the nearest gram and 0.45 g fat or less is given as 0 g.

Source: *Rapport*, 12 (2), Spring 1997, p. 5. Ottawa: National Institute of Nutrition.

Safety Tip for Flavoured Oils

Flavoured or infused oils are in vogue in restaurants, kitchen boutiques, and home recipes. However, precautions to prevent botulism must be taken with homemade oils. Many home recipes recommend adding herbs to oil and placing

the jar in a sunny window for a month to develop the flavor. Unfortunately, this creates the perfect environment for the development of botulism: a moist environment, absent of air, low in acid, and temperature of 21° to 43° C. Health Canada recommends that homemade flavoured oils should always be refrigerated and used within 1 to 2 weeks. If accidentally left out at room temperature, flavoured oils and pesto should be discarded. The Canola Information Service recommends making small batches and labelling each with the date and "keep refrigerated" instructions. Commercial mixtures which have been acidified to prevent bacterial growth can be stored safely at room temperature.

Source: *Canola à la Carte*, Spring/Summer 1997, p. 2.

...In Ideas

Raising a Healthy Child Takes Time — and Timing

... People have long debated the relative impact on child development of nature versus nurture (or genetic make-up versus environmental factors) as if these were entirely separate entities. But, with recent advances in brain imaging techniques, we now know that the line between nature and nurture is far less distinct than many have imagined.

When a baby is born, the only areas of the brain that are fully developed are those essential to the baby's survival — the areas governing breathing, heart-beat, circulation, digestion and other life-supporting activities controlled by the autonomic nervous system. The higher centres of the brain — those that control the emotions, language, thinking and the capacity for problem solving — develop gradually from birth through to the end of adolescence, following a genetically pre-set timetable. The brain accomplishes this development by making connections, called synapses, between individual nerve cells, and combining these connections to form pathways. Most of these pathways are established during the first few years of life.

What recent research has demonstrated is how much of the brain's development during those critical first years depends on the child's early experiences in the family environment. These experiences strongly influence the formation and "pruning" of the synapses and pathways. In other words, life experiences can permanently alter the "hard-wiring" (structure) of the brain. If, during a period of genetically increased sensitivity, a sensitized area of the brain receives enough of the needed kinds of stimulation and not too much of the wrong kinds, brain development proceeds optimally....

Reprinted from: "Windows of Opportunity" by Paul Steinhauer, *Transition*, June 1997, p. 7. Ottawa: The Vanier Institute of the Family.

Donner une bonne éducation à l'enfant — une questions de temps et d'à-propos

... Un vieux débat perdure concernant l'impact de la nature par rapport à la nurturance sur le développement de l'enfant (ou la constitution génétique par rapport aux facteurs environnementaux), comme si ces deux choses étaient deux entités entièrement distinctes. Mais, grâce aux récentes avancées dans les techniques de scintigraphie cérébrale, nous savons maintenant que la ligne de démarcation entre la nature et la nurturance est nettement moins distincte que beaucoup l'imaginaient.

Lorsqu'un bébé naît, seules les parties du cerveau essentielles à sa survie sont entièrement développées — celles qui commandent la respiration, le battement du coeur,

la circulation, la digestion et autres activités vitales contrôlées par le système nerveux autonome. Les parties supérieures du cerveau — celles qui commandent les émotions, le langage, la pensée et la capacité de résoudre les problèmes — se développent graduellement de la naissance jusqu'à la fin de l'adolescence en suivant un calendrier génétiquement préétabli. Le cerveau se développe ainsi en faisant des connexions appelées synapses, entre les cellules nerveuses individuelles, et en combinant ces connexions pour créer des voies. La plupart de ces voies se créent au cours des toutes premières années de la vie.

La récente recherche a démontré que la façon dont le cerveau se développe au cours de ces premières années cruciales dépend des expériences précoces de l'enfant dans son environnement familial. Ces expériences influent fortement sur la formation et «l'élégage» des synapses et des voies. Autrement dit, les expériences de la vie peuvent modifier de façon irréversible le «câblage» (la structure) du cerveau. Si, au cours d'une période de sensibilité génétique accrue, une zone sensibilisée du cerveau reçoit suffisamment de stimulations positives et n'en reçoit pas trop de mauvaises, le cerveau connaît un développement optimal....

Réimprimé de: «Créneaux à exploiter» par Paul Steinhauer, *Transition*, juin 1997, p. 7. Ottawa: L'Institut Vanier de la famille.

... In Trends

Family Time Famine

... The National Longitudinal Survey also showed that 26 per cent of all Canadian children, and 41 per cent of those raised by a single mother, have one or more emotional, behavioural, academic, and/or social problems. A major reason why so many children are having such problems has been called the "Family Time Famine." Never before, in the sixty years in which statistics have been kept, have children spent so few waking hours in the company of their parents. One American study showed parents are spending an average of 10-12 fewer waking hours per week with their children than parents did thirty years ago.

Without enough time together, parents and infants are unlikely to have sufficient quality time and interaction for parents to provide the sensitive nurturing, the intellectual stimulation, and the firm, consistent (but not coercive) limit-setting that children need to achieve their potential. About 70 per cent of families with young children have two wage-earning parents. Of these dual-earner couples, almost 70 per cent spend a combined total of 60-89 hours every week earning income. And, in another 20 per cent, Mom and Dad's combined income-earning time is more than 90 hours per week! However, economic conditions are such that if one parent in every family stayed home to provide child care, the number of poor children in Canada would double to almost three million. ...

Reprinted from: "Windows of Opportunity" by Paul Steinhauer, *Transition*, June 1997, p. 8. Ottawa: The Vanier Institute of the Family.

Déficit de temps familial

... L'Étude longitudinale nationale sur les enfants et les jeunes a aussi démontré que 26 % de tous les enfants canadiens et 41 % des enfants élevés par une mère célibataire, ont un ou plusieurs problèmes affectifs, comportementaux, scolaires et /ou sociaux. La principale raison pour laquelle tant d'enfants sont aux prises avec ce genre de problèmes est appelée « déficit de temps familial ». Les enfants n'ont

jamais passé si peu de temps d'éveil avec leurs parents depuis les 60 ans que l'on tient des statistiques sur ce sujet. Une étude américaine a démontré que les parents passent en moyenne de 10 à 12 heures d'éveil par semaine *de moins* avec leurs enfants qu'il y a trente ans.

Si les poupons et les parents ne passent pas beaucoup de temps de qualité ensemble, ces derniers ne pourront pas fournir la nurturance et la stimulation intellectuelle nécessaires, ni définir des limites fermes et cohérentes (mais non coercitives) dont l'enfant a besoin pour atteindre son plein potentiel. Environ 70 % des familles avec de jeunes enfants sont formées de couples à deux revenus. Près de 70 % de ces couples passent de 60 à 89 heures au total dans un emploi salarié. De plus, dans 20 autres pour cent des cas, le père et la mère consacrent au total plus de 90 h par semaine au travail rémunéré! Cependant, les conditions économiques sont telles que si un parent de chaque famille demeurerait au foyer pour s'occuper des enfants, le nombre d'enfants pauvres au Canada doublerait pour s'établir à près de trois millions. ...

Réimprimé de: «Créneaux à exploiter» par Paul Steinhauer, *Transition*, juin 1997, p. 7. Ottawa: L'Institut Vanier de la famille.

Changes in What We Eat

Our food choices are changing, and some of the changes are motivated by commitment to healthy eating. Thirty-eight per cent of Canadians are eating more fruits and vegetables, and we're also eating more cereals, grains, and nuts. Some specific foods that we're eating more of in 1995, compared to 1985, include kohlrabi, garlic, pumpkin, cranberries, limes, chicken, and cheese. In the past 10 years, alcohol consumption has dropped by 10%; we're also eating less of milk, red meat (although sufficient to meet Canada's Food Guide recommendations), cabbage, margarine, cauliflower, beets, and corn. Restaurant spending as a percentage of food expenditures has decreased from 41% in 1986 to 36% in 1995, but the use of restaurants to avoid cooking has actually increased. Two-thirds of Canadian families eat together at least once every day of the week, although planning for family meals is becoming more of a challenge.

Source: *Speaking of Food and Eating: A Consumer Perspective*, by The Canadian Foundation for Dietetic Research, Dietitians of Canada, and Kraft Canada Inc., Toronto, 1997, p. 20-25.

Book Reviews

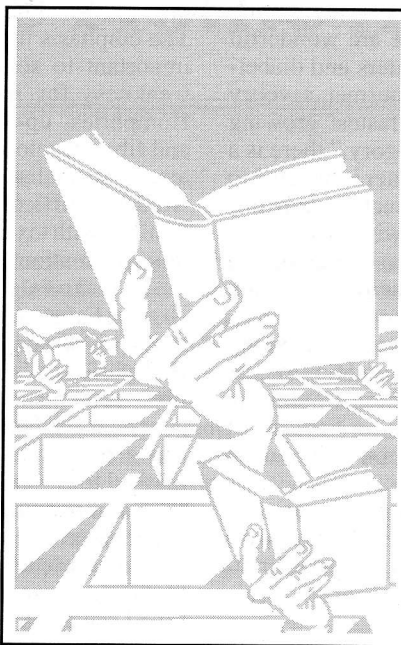
compiled by Sheri McBride

Inarticulate Longings: The Ladies' Home Journal, Gender, and the Promises of Consumer Culture by Jennifer Scanlon. (1995). New York: Routledge, 278 pages. ISBN 0-415-91156-7 (hardcover); 0-415-91157-5 (softcover).

If you have ever wondered about the extent of the role of advertising in shaping North American culture, this book is for you. You should be aware, however, that if you are not already sympathetic to feminist attitudes, you may become so by the time you put the book down. Jennifer Scanlon's doctoral dissertation, which forms the basis of *Inarticulate Longings*, translates easily into a readable account of how one of the most successful American women's publications interpreted and influenced women in the twentieth century. That publication was the *Ladies' Home Journal*; with its employment of the most successful advertising agencies in the first decades of the twentieth century, it helped to define the image of the ideal American woman.

Looking at the expanding consumer culture within the United States from 1910 up to the 1930s, the author presents a very convincing outline of how advertisements aimed at the "average homemaker" — a white, middle-class, married woman — supported the *Journal's* belief that women's sphere should be that of influence from within the home or as support staff rather than one of power, best left to men. Advocating consumerism through advertisements was a way of keeping women content within their existing roles, of meeting women's "inarticulate longings" for status, beauty, romance, economy, and other desires. Along the way, new technological developments such as vacuum cleaners, refrigerators, and the like helped to promote "scientific management" in the home. Applying scientific principles to use time and space more efficiently was a way for women to reconcile their education with staying at home and, the author implies, influenced the development of home economics as an academic focus. Scanlon connects consumerism and home economics very directly, citing a 1927 editorial writer of the *Journal of Home Economics* as stating "[M]ost of us are becoming more and more convinced that a principal function of home economics instruction is to train for the wise selection of and utilization of household goods" (p.76).

The author points out that, ultimately, the message in her book is to not dwell on the negative aspects of a culture that "...promoted a definition of womanhood that excluded at least as many women as it included, set the limits as well as the possibilities of women's lives, and made scores of untenable promises" (p.234). As every historian believes, by learning about the past, we can be better prepared for the



future. In *Inarticulate Longings*, Jennifer Scanlon shows us that, if we want to challenge the consumer path women have followed since the first decade of this century, our culture must "...make a better offer — one that also recognizes the nature of women's domestic responsibilities, acknowledges their rights and wrongs, and appreciates the mysteries of their daydreams" (p.234).

Inarticulate Longings is written from a popular-culture, feminist-theory perspective. Having obvious immediate appeal to scholarship in women's and cultural studies, its appeal is not limited to those areas. Family Studies and Clothing and Textiles scholars interested in consumer studies will find it very informative. It would serve well as a reference text. For those outside of the university, Jennifer Scanlon's minimal use of academic "lingo" makes the book accessible to the general public. The visual examples of advertisements inter-

terspersed throughout *Inarticulate Longings* illustrate the author's comments very clearly. All in all, this is a very worthwhile read.

Reviewed by:

Cecile Clayton-Gouthro, PhD
Department of Clothing and Textiles
University of Manitoba
Winnipeg, Manitoba

Put a Lid on It! Small-Batch Preserving for Every Season by Ellie Topp and Margaret Howard. (1997). Toronto: MacMillan Canada, 236 pages. \$24.95 (softcover). ISBN 0-7715-7452-5.

On any book-browsing expedition, this cookbook is certain to catch one's attention. With its attractive cover and clever title, even the most jaded consumer is bound to turn a few pages.

Put a Lid on It! offers thorough but uncomplicated instructions and recipes for preserving food in small batches for every season. Two of Canada's most respected home economists, co-authors Topp and Howard, bring extensive experience in food and nutrition from years of working as food consultants in industry and government. Both have previously written cookbooks, including co-authoring *Healthy Home Cooking*.

In the words of the authors "such a book, with the latest and most up-to-date information, is long overdue in the Canadian cookbook market." *Put a Lid on It!* builds on the "glorious tradition" of home preserving in Canada but presents the information in a manner most suitable for the new millennium kitchen.

This cookbook is easy to read and its format is easy to

follow. The introduction provides valuable information on the latest and safest preserving methods without being overly technical. A chapter is devoted to each preserve topic, such as jams, pickles, etc. At the beginning of each chapter, there is a list of recipes with page numbers. Recipes are clearly laid out, usually one to a page, with a helpful hint or recipe variation at the bottom of the page. The recipe selection is broad, offering unlimited possibilities for every taste. For the purist, there are traditional jams, jellies, and pickles; for the time-conscious cook, there are wonderful microwave selections; for the calorie counters and diabetics, low-sugar and light spreads; for the gourmet, savoury sauces, vinegars and oils; and, for the "fastest growing segment of the supermarket, the sauce category," there is a whole chapter on economical salsas. A chapter is devoted to using these preserves in preparing foods such as muffins, soups, and appetizers. The book concludes with a section on how to wrap and package these "treasures" as gift items. An index is included at the back of the book to facilitate location of the recipes.

Put a Lid on It! is suitable for all levels of cooking expertise. Throughout the book, there are useful tips, recipe variations, and interesting serving suggestions. With the small batch approach and their short cooking time, most recipes are ideally suited for use by home economists in the classroom or in a demonstration situation.

As a preserves enthusiast, I have no reservations in recommending this beautiful cookbook. Keep it in your own cookbook collection or give it as a hostess, bridal, Christmas, or everyday gift.

Reviewed by:

Shirley E. Moase, MSc
Charlottetown
Prince Edward Island

Fabric Reference by Mary Humphries. (1996). New Jersey: Simon & Schuster, 273 pages. \$34.95 (softcover). ISBN 0-13-349663-5.

Fabric Glossary by Mary Humphries. (1996). New Jersey: Simon & Schuster, 291 pages. \$49.95 (softcover). ISBN 0-13-334971-6.

Fabric Glossary and *Fabric Reference* are the new incarnations of Humphries' *Fabric Handbook I* and *Fabric Handbook II*. They are intended as introductory textbooks for anyone interested in textiles, their performance and care.

Fabric Reference at first glance appears to be another standard introductory textiles textbook with the anticipated six sections, one each to describe fibres, yarns, fabric constructions, finishes, dyeing and printing methods, and care. Upon closer examination, the reader will notice that the author's different perspective on this material results in a unique book.

In her preface, Humphries states that the book's focus is on "applied textile knowledge" and not on the textile descriptions that usually form the basis in other books. For example, the description of silk's physical properties totals one-quarter of a page, while methods of silk production make up four pages. In another case, eight "standard" synthetic manufactured fibres are described in five pages while fifteen pages are devoted to possible modifications to these fibres, resulting in, for example, fibres that incorporate air spaces, micro-fibres, and fibres that use additives. Also contributing to this technical emphasis is extensive reference to newly developed fibres and fabrication tech-

nologies. For example, the section on finishes makes numerous references to corporate research centres' "newest" finishes such as Gateway Technologies of Boulder, Colorado's licence to develop a new approach to insulation.

According to Humphries, the terms and production techniques referred to in the book are those commonly found in the consumer marketplace, public media, or advertisements. She suggests this focus makes her book accessible and useful to the general public. I question this claim. The emphasis on applied knowledge that makes the book important to someone in the industry contributes to its weakness for members of the general public. While Humphries' up-to-date references to production methods and fibre development make the book a valuable tool for a textile specialist, this information results in a book that would be difficult and confusing for someone not already familiar with textile science to understand or use. Moreover, this information will quickly date the book as new developments make existing technologies obsolete.

The *Fabric Glossary* also is distinctive from other more standard fabric dictionaries. The book is made up of what Humphries calls "Fabric Files" which include the fabric's fibre content, a detailed description of yarn and fabric construction, fabric weight, use, a photograph of the fabric, and a description of the fabric's appearance. Areas are marked for students to mount swatches that can be found in an accompanying swatch kit. (Order forms for the kit are available at the end of both books.) The "files" are much more comprehensive than the fabric descriptions usually found in a standard textiles dictionary. The files cover a broad selection of fabric types, including basic terms such as seersucker, twill, dobby, chenille, and melton, along with those that are more abstract or obscure, such as "Patterns in yarn: chine, ikat, matmee, mudmee, patola, space dye, yarn tie-dye, warp print" and "Sheeting, household: muslin, percale, holland." The broad coverage of terms is valuable to a textiles student but the use of general headings such as "sheeting" under which terms are grouped may make it difficult for the general consumer to use the book.

The two books can be used independently or together. One positive feature is *Fabric Reference*'s index that covers both texts. The books open flat, facilitating reference to them during an examination of a fabric in a laboratory setting. But one of the most appreciated features of both books is their Canadian content. For example, Humphries has included a full section on metric in textiles, resulting from her work as the "textiles person" on a metric committee of the Canadian Home Economics Association. Also, her references to textile companies and plants include Canadian examples and are not exclusively American or European.

In summary, *Fabric Reference* and *Fabric Glossary* are valuable textiles textbooks for students or professionals in the clothing and textiles industries because of their emphasis on current textiles technology. But this emphasis means that the books will quickly become out-of-date, while their attention to production and technical detail and numerous references to trade terms make them cumbersome for use by members of the general public.

Reviewed by:

Sheri McBride, MSc
Department of Home Economics
University of Prince Edward Island
Charlottetown, Prince Edward Island

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Editor: Susan G. Turnbull Caton
Faculty of Human Ecology, University of Manitoba
Winnipeg, MB R3T 2N2
Tel: (204) 474-8138 Fax: (204) 474-7592
E-mail: turnbull@ms.umanitoba.ca

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